Senate HELP Committee Grills HHS Secretary-Designate Alex Azar on Drug Company Allegiances, Commitment to Administering the Affordable Care Act

Democratic members of the Senate Health Education Labor and Pensions (HELP) Committee grilled Health and Human Services Secretary (HHS) nominee Alex Azar on November 29 on his commitment to lowering prescription drug prices, given his recent employment by pharmaceutical manufacturer Eli Lilly, as well as whether he would impartially administer the Affordable Care Act.

The Senate hearing on the nomination was the first of two that the designee will have to undergo before a full Senate vote to affirm, with a hearing before the Senate Finance Committee still to be scheduled.

Mr. Azar, an attorney formerly employed within HHS under the Bush Administration, who helped implement the Medicare Part D drug program, committed to reducing drug prices in his opening statement to the Committee. However, his suggestions of the elements driving drug prices, offered in subsequent answers to Senators’ questions, included prices set by drug distributors, pharmacy benefit managers (PBMs), and insurers as well as manufacturer list prices. This, led some Democrats to question whether he might still be unduly aligned with PhRMA positions. Mr. Azar told HELP Committee members there were problems with drug prices “across the entire channel.”

Mr. Azar did say he supported Food and Drug Commissioner Scott Gottlieb’s efforts at stopping brand-name drug companies from gaming the patent system to cripple generic competition. He noted that he had previously opposed such drug company activities in his previous tenure as HHS Deputy Secretary.

Mr. Azar until January was a top executive at Eli Lilly which, HELP Ranking Member Patty Murray (D-WA) pointed out, is currently under investigation by five state attorneys general for almost tripling insulin prices from 2002 to 2013, from $4.34 per milliliter to $12.92 per milliliter, according to an April 2016 study in the Journal of the American Medical Association.

Democrats were not the only ones pressing Mr. Azar on drug prices, with Republican Rand Paul (KY) asking publicly opposed, as does PhRMA. Senator Paul said whether he supported the importation of lower-priced drugs from other countries, a policy solution that Mr. Azar has previous Republican and Democratic Administrations that opposed drug reimportation based on safety concerns were “wrong and beholden to the drug industry.”

In contrast to the concerns expressed about his employment in the private sector by Democrats, HELP Chair Lamar Alexander (R-TN) and other Republicans said they saw his prior industry experience as an asset.

But in the House of Representatives, Democratic members Raul Grijalva (AZ), Mark Pocan (WI), and Jan Schakowsky (IL) wrote the Finance and HELP committees on November 28 to urge that the committees not confirm Azar’s appointment until the state investigations of Eli Lilly’s insulin pricing are completed.

Mr. Azar’s drug company connections were not the only area in which he found himself on the hot seat. Democrats such as Tim Kaine (VA) and Bob Casey (PA) asked him whether he would work to “sabotage” the Affordable Care Act as they said his predecessor, Dr. Tom Price, had done by shortening the ACA enrollment period, cutting ACA outreach funding by 90 percent, and reducing funding for local navigator programs.

Mr. Azar responded “If I am confirmed as Secretary, my job will be to faithfully implement the programs passed by Congress whatever they are, and so that would include the Affordable Care Act as long as it is the law of the land…. He disagreed that there had been Trump Administration efforts to undermine the program, but said he did not know former-Secretary Price’s rationale for halving the individual health insurance enrollment period.

At the same time, he would not promise to oppose bills that repealed parts of the ACA, nor did he say he opposed the provision in the tax reform legislation currently before the Senate repealing the individual mandate.

And while he singled out addressing the opioid epidemic as a priority, he declined to commit to additional funding for that effort.
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Port Authority Constructs Suicide Prevention Barrier on George Washington Bridge, Six Years Ahead of Schedule, to Combat Rising Number of Suicides

The construction, by the New York and New Jersey Port Authority, of an 11-foot suicide prevention barrier on the iconic George Washington Bridge is six years ahead of schedule with the construction of a temporary barrier.

The temporary barrier is the first phase of a $1.9 billion restoration of the bridge, with the barrier anticipated to be completed by the end of this year. The temporary fencing will increase the height of the current four-foot barrier, and a netting will be added to the upper deck, where the Port Authority notes most suicide attempts occur.

A permanent steel fencing is expected to be erected by 2024. It is estimated that someone tries to attempt suicide off the bridge—seen as the iconic structure in New York to end one’s life—every 3½ days.

Since 2013 there have been 74 suicides on the bridge, with 45 of those taking place this year. It was because of the rising number of suicide attempts and deaths, that the Port Authority decided to install the temporary barrier ahead of schedule.

Since the Port Authority Police Department’s Walkway Patrol Suicide Prevention Team was created last year, the Team has intervened in 70 suicide attempts. The Suicide Prevention Team is comprised of a group of officers trained in crisis intervention and anti-terror to spot a potential jumper and other unusual activity.

In addition to the Suicide Prevention Team, there are surveillance cameras constantly monitoring the bridge, six crisis hotline phones, and 42 signs encouraging people in suicidal crisis to seek help along the mile-long bridge.

Project Director of the National Suicide Prevention Lifeline reported to WPIX TV, “When you put barriers on bridges people can’t jump, they won’t jump and lives are saved. Anytime you make it harder for people to kill themselves, lives are saved.”

Study Finds Significant Reduction in Self-Reported Poor Mental Health, General Health, Missed Days, and Depression Diagnoses Among Adults with Chronic Conditions in Medicaid Expansion States

A study of 127,248 low-income childless adults surveyed through the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System between 2011 and 2015 has found that adults with chronic conditions who live in Medicaid expansion states experience a reduction in self-reported poor mental health days in the last month, poor general health days in the last month, days in the last month limited by poor health, and a reduction in depression diagnoses.

The study, conducted by Drs. Tyron N.A. Winkelman and Virginia W. Chang and published on-line November 27 in the Journal of General Internal Medicine, also found expansion to be associated with improvements in access to care for all adults, with or without chronic conditions.

There were 79,306 adults with incomes below 138 percent of the Federal Poverty Level and at least one chronic condition in the sample. The researchers found that Medicaid expansion was not associated with significant changes in measured health outcomes among adults without chronic conditions.
SAMHSA Funding Opportunity Announcement
Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

Short Title: Family Treatment Drug Courts
FOA Number: TI-18-002
Posted on Grants.gov: Friday, November 17, 2017
Application Due Date: Tuesday, January 16, 2018

Intergovernmental Review (E.O. 12372)
Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for Fiscal Year (FY) 2018 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDC)]. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project.

Eligibility
Eligible applicants include:
- State governments; the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Governmental units within political subdivisions of a state, such as a county, city or town.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.

Family treatment drug courts that received an award under TI-17-004 (FY 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts) are not eligible to apply for this funding opportunity. [See Section III-1 for complete eligibility information.]

Award Information
Funding Mechanism: Grant
Anticipated Total Available Funding: Up to $8,500,000
Anticipated Number of Awards: Up to 20
Anticipated Award Amount: Up to $425,000 per year
Length of Project: Up to five years
Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $425,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Contact Information
Program Issues: Amy Romero, Center for Substance Abuse Treatment, Division of Services Improvement, SAMHSA, (240) 276-1622, Amy.Romero@samhsa.hhs.gov (link sends e-mail).

Grants Management and Budget Issues: Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, (240) 276-1412, FOACSAT@samhsa.hhs.gov (link sends e-mail).
Advancing & Integrating Specialized Addiction Treatment & Recovery

for the 2018 American Association for the Treatment of Opioid Dependence Annual Conference!

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the New York Marriott Marquis in the heart of New York City's Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

Make a Hotel Reservation
2016 Conference Photos

This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.

American Association for the Treatment of Opioid Dependence (AATOD), Inc.
212-566-5555 - info@aatod.org

Join Us!
Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of January 22–28, 2018, and help shatter the myths about drugs and alcohol. It’s easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

Plan Your Event—5 Steps to Hosting

Already planning to host an event? Register Your Event HERE

Also, check out NIDA’s one-stop shop for teachers for information and resources to use with your students. Visit teens.drugabuse.gov/teachers to learn more! For more information, contact drugfacts@nida.nih.gov.

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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 is provided 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. 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 Urff, 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.
Call for Applications for the SAMHSA 2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy

The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the call for applications for the 2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy. Participants in the 2018 Policy Academy will receive intensive technical assistance (TA) to support planning, undertaking, and sustaining initiatives that create or strengthen recovery support services as an integral part of treatment for individuals with serious mental illness or substance use disorders.

All states, territories, and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations (tribal entities) are eligible to create a team and apply. SAMHSA will select as many as eight teams to participate. Although past participants in the BRSS TACS Policy Academy are eligible, preference will be given to applications from entities that have not previously participated in a BRSS TACS Policy Academy.

The Policy Academy will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans. The applying jurisdiction’s substance use disorder, mental health, or behavioral health authority—or the broader agency to which that authority belongs—must submit the application. For jurisdictions with separate mental health and substance use disorder authorities, a single entity designated by the two authorities may submit the application, but SAMHSA will encourage collaboration between the two authorities and will require team representation by both entities. The entity submitting the application will have responsibility for and oversight of Policy Academy participation and will ensure implementation of the team’s Action Plan.

Applications are due December 19. An informational webinar will be held on November 16.

You are encouraged to share this information with your networks. To access further information about the opportunity and the application, please visit: http://center4si.com/brsstacs/2018_BRSS_TACS_Policy_Academy_Application.pdf. Questions may be directed to policy.academy@center4si.com.

See It. Hear It. Experience It.

We could tell you about NatCon18’s:
• Robust schedule of sessions, workshops and events.
• Exceptional lineup of motivating speakers and thought leaders.
• Dynamic Solutions Pavilion exhibit hall.
• Incomparable networking opportunities.

Or, we can SHOW YOU what you’ll miss if you don’t attend NatCon18 – the National Council Conference. Time is running out for special low Preview Rates. Register by December 1 and save!

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
<th>Application Link and Organization Contact</th>
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<tr>
<td>American Association for Marriage and Family Therapy</td>
<td>12/2/2017 – 1/31/2018</td>
<td>12/2/2017 – 1/31/2018</td>
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<td>American Nurses Association</td>
<td>4/30/17 - 4/30/18</td>
<td>Applications Open Until all vacancies filled</td>
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<td>American Psychiatric Association</td>
<td>11/1/2017- 1/30/2018</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship">http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship</a></td>
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<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>Applications accepted on rolling basis until vacancies filled.</td>
<td><a href="https://www.naadac.org/About-the-amfp">https://www.naadac.org/About-the-amfp</a></td>
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**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.

Application Deadline: December 21, 2017, 3 p.m. ET

Social connections can help us thrive. But too many people feel disconnected from society and from life, and that contributes to a host of physical, mental and emotional health problems. School children, teens, new mothers, immigrants, LGBT people, people living in remote areas, even millennials with thousands of Facebook friends, often feel excluded or like they don’t belong.

We want to learn about solutions that have worked in other countries to address social isolation across all ages and life stages, so that we can strengthen social connection in the United States. Are you a U.S.-based organization that wants to adapt an idea from overseas? Or an international institution with an idea that could work in the United States?

Purpose
At the Robert Wood Johnson Foundation (RWJF), we believe that everyone in America—no matter who that person is, how much money they have, or where they live—should have as much opportunity as possible to pursue a healthier life. We call that vision a Culture of Health and we work with people across the country to build a Culture of Health. Across the globe, countries are taking steps to improve health and well-being in their communities. RWJF is eager to learn from those countries. We are collaborating with people and organizations around the world to uncover insights that can inspire us all to imagine new possibilities and to surface practical solutions that can be adapted here in the United States.

With this call for proposals (CFP), RWJF is looking for the best ideas from around the world that address social isolation and promote positive, healthy social connections, and well-being.

Eligibility and Selection Criteria
RWJF is looking for applicants who represent organizations from a wide range of fields and disciplines—both within and outside the health sector. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. We encourage submissions from teams that include both U.S. and international members. We seek to attract diversity of thought, professional background, race, ethnicity, and cultural perspective in our applicant pool. Building a Culture of Health means integrating health into all aspects of society, so we encourage multisector partnerships and collaboration.

Proposals must fit with the topic and populations described, integrate global ideas into the project, and must highlight the connections to the Culture of Health Action Framework.

See full Call for Proposals for more information.

Key Dates
November 9, 2017 (1–2 p.m. ET)  Informational webinar for prospective applicants.  Registration is required.
December 21, 2017 (3 p.m. ET)  Deadline for receipt of proposals.
Mid-April 2018  Semifinalists notified and asked to address questions in scheduled telephone call with RWJF staff.
May 1–15, 2018  Telephone calls with semifinalists.  Please hold these dates on your calendars.
Mid-June 2018  Finalists notified.
September 2018  Grants begin.

Total Awards
Up to $2.5 million will be available for this funding opportunity.
Projects may be up to three years in duration

Key Materials
- Preview a sample proposal before submitting
- Funding Opportunity Brochure (PDF)
- Frequently Asked Questions

Apply HERE
The 5 Ways Juvenile Court Judges Can Use Data brief provides examples of how juvenile court judges can use aggregate data to learn more about their courtroom practices and the jurisdictions they serve. This brief is one of a series, supported by the Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) Juvenile Justice Model Data Project.

Remembering Trauma: Connecting the Dots between Complex Trauma and Misdiagnosis in Youth is a short film from The National Child Traumatic Stress Network. The film highlights the importance of using a trauma lens when working within child-serving systems and the potentially detrimental impact of not incorporating a trauma framework. The film follows a traumatized youth from early childhood to older adolescence illustrating his trauma reactions and interactions with various service providers.

Call for proposals: NICWA’s 36th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect will be held in Anchorage, Alaska, on April 15-18, 2018. This conference will focus on the well-being of tribal youths. Proposals should focus on children’s mental health; child welfare, foster care, and adoption services; judicial and legal affairs; and youth and family involvement. Submission deadline: Nov. 16.

The University of Maryland, Baltimore Training Institutes will be held July 25-28, 2018 in Washington, D.C. For more than 30 years, this biennial event has been the premier convening of leaders in systems of care for children, youth, and young adults with behavioral health challenges and their families, and the University of Maryland, Baltimore is honored to continue and expand this tradition. The event is sponsored by the University of Maryland School of Social Work and hosted by The Institute for Innovation and Implementation.

This year’s theme, LEADING CHANGE: Integrating Systems and Improving Outcomes in Behavioral Health for Children, Youth, Young Adults, and Their Families, builds upon decades of progress in designing and sustaining high-quality and effective delivery systems for children, youth, and young adults with mental health and substance use disorders and their families.

This year’s Training Institutes will address data-driven policy, system design and implementation, and evidence-informed approaches relevant to Medicaid, mental health, substance use, child welfare, juvenile justice, early intervention, and prevention stakeholders and practitioners. Sessions will focus on the latest best-practice strategies, draw on community, tribal, and territorial examples from around the country, and provide concrete strategies that provide operational guidance for implementation.

Presenters and attendees will include experts and leaders in the field of children’s services, including state, county, tribal, and territorial children’s system leadership; direct service providers; state purchasers from Medicaid, behavioral health, child welfare, juvenile justice, and public health; parents, youth, and young adults; policymakers; clinicians; and children’s researchers and evaluators. The Training Institutes is an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another.

We invite you to consider submitting a proposal to present in one of the five formats: an Institute, a Workshop, an Ignite Talk, a session for the RockStar Youth Leadership Track, or a Poster Presentation — and help us to ensure the success of The Training Institutes. To submit a proposal, visit the Training Institutes’ website.

The Training Institutes are an opportunity for leaders in the field of children’s services to share the latest research, policy, and practice information and resources and learn from one another and we look forward to seeing you in D.C.!
What do you do when you feel like you've tried everything?

Family members and caregivers want the best for their loved ones with bipolar disorder. You support them emotionally, physically, financially, and more. But what happens when your help is refused or your loved one's behaviors begin to negatively affect you or your family's well-being?

On Tuesday, December 12, 2017 at 7pm ET, during our free Bipolar Disorder: Beyond the Basics Webinar, Dr. Martha Tompson and Dr. Pata Suyemoto discuss how families can manage difficult situations when a loved one lives with bipolar disorder.

Join us to learn
- practical ways to address difficult situations related to symptoms of bipolar disorder
- factors to consider when determining treatment options including legal issues and strategies
- the importance of caregiver self-care and boundaries.

The webinar is free and registration is now open!
Can’t watch the live broadcast? Register and watch it on demand after it airs.

About the Presenters

Martha Tompson, Ph.D., is Director of the Family Development and Treatment Laboratory and an Associate Professor in the Department of Psychological and Brain Sciences at Boston University. She is a licensed clinical psychologist, researcher, and educator. Her research and clinical work has focused on understanding how families cope with mental illness and developing and testing treatments to enhance family coping and improve the lives of individuals with depression and bipolar disorder and their families.

Pata Suyemoto, Ph.D., is a Massachusetts-based mental health activist and educator. Pata is a member of a number of boards and committees including the planning committee for the annual Asian American Mental Health Forum, the Department of Public Health’s Suicide Prevention Community Advisory Board, and Families for Depression Awareness’ ‘Healing Families’ Advisory Council. Mood disorders are present in both of her parents’ families, and she lives with treatment-resistant depression. Pata has spoken and written about her struggles with depression and is a co-founder of The Breaking Silences Project www.thebreakingsilencesproject.com.

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.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet “Nick,” a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick’s needs, and those of other individuals facing similar challenges.

Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care

Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

Course Objectives

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.

2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.

3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

Course Faculty

Curley Bonds, M.D.
Medical Director,
Didi Hirsch Mental Health Services

Jackie Pettis, M.S.N, R.N.
Advisor and Trainer for Psychiatry to Practice Project

Wayne Centrone, N.M.D., M.P.H
Senior Health Advisor, Center for Social Innovation
Executive Director of Health Bridges International

Ken Minkoff, M.D.
Senior System Consultant, ZiaPartners, Inc.
Clinical Assistant Professor of Psychiatry, Harvard Medical School

Chris Gordon, M.D.
Medical Director and Senior Vice President for Clinical Services, Advocates, Inc.
Associate Professor of Psychiatry, Harvard Medical School

Kim Mueser, Ph.D.
Executive Director, Center for Psychiatric Rehabilitation, Boston University

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential
NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NASMHPD has just released 11 new SAMHSA technical assistance resources to support states in implementing the Mental Health Block Grant’s 10% Set-Aside for early serious mental illness, including programs to serve people experiencing a first episode of psychosis. These resources provide reliable information for practitioners, policymakers, individuals, families, and communities to promote access to evidence-based treatment with the long-term goals of reducing or eliminating disability and supporting individuals in pursuing their life goals.

The resources are posted on the Early Intervention in Psychosis Virtual Resource Center on the NASMHPD website, which also includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness and other early intervention initiatives. The virtual resource center provides an array of information that is updated on a periodic basis. A number of new resources have been posted:

**Fact Sheet: Cognitive Behavioral Therapy for Psychosis (CBTp)** by Kate Hardy
Cognitive Behavioral Therapy for Psychosis (CBTp) is a psychotherapy that has been shown to be effective in first episode programming. This fact sheet provides a brief, clear overview of the principles and techniques that are used in CBTp. Specific examples are included to aid in service delivery.

**Brochure: Right from the Start: Keeping Your Body in Mind,**
Adapted from a brochure by the Greater Manchester Mental Health NHS Foundation
People experiencing psychosis may be at higher risk for physical illnesses such as diabetes, so it's important to promote physical and mental health together as part of a comprehensive wellness plan. This brochure provides simple tips and a checklist for people experiencing psychosis for the first time and those who care for them to support healthy, active lives.

**Information Brief: First-Episode Psychosis: Considerations for the Criminal Justice System**
by Leah G. Pope and Stephanie Pottinger (Vera Institute of Justice)
People experiencing psychosis are over-represented in the criminal justice system, and research indicates that many people have interactions with the justice system prior to receiving treatment for mental health issues. Using the Sequential Intercept Model as a framework, this information brief offers suggestions for the justice system to identify and divert people from jails and prisons and into effective Coordinated Specialty Care programs.

**Information Brief: Outreach for First Episode Psychosis**
Given the desire to identify and provide services to individuals experiencing a first episode of psychosis as soon as possible, it is important to systematically reach out to organizations and people who are likely to be in contact with them. In this information brief we summarize insights from interviews that were conducted with several programs and state mental health authorities throughout the country regarding their outreach strategies.

**Issue Brief: Measuring the Duration of Untreated Psychosis within First Episode Psychosis Coordinated Specialty Care**
by Kate Hardy, Tara Niendam, and Rachel Loewy
One of the strongest predictors of positive outcomes in first episode psychosis is the duration of untreated psychosis (DUP). It is therefore important that programs attempt to monitor progress in reducing DUP. In this issue brief, we discuss the complex set of issues involved in reliably measuring DUP and suggest strategies that programs may employ to address these challenges.

**Issue Brief: Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis**
by Patrick Corrigan and Binoy Shah
Stigma – which includes stereotypes, prejudice, and discrimination – can lead to diminished self-esteem and confidence. It can deprive people who have been diagnosed with mental illnesses of important life opportunities. This issue brief examines the issue of stigma for people experiencing a first episode of psychosis through two key questions articulated by the National Academy of Sciences: What is the stigma? And How might this stigma be diminished?

**Issue Brief: Substance-Induced Psychosis in First Episode Programming** by Delia Cimpean Hendrick and Robert Drake
People who use alcohol and other psychoactive drugs, especially heavy users, are prone to psychotic episodes that are not always recognized as being due to acute intoxication or withdrawal. Recognizing and appropriately responding to substance-induced psychosis may improve long term outcomes. In this issue brief we discuss the epidemiology, diagnosis, and treatment of individuals whose psychosis is related to substance use.

**Issue Brief: Workforce Development in Coordinated Specialty Care Programs** by Jessica Pollard and Michael Hoge
As Coordinated Specialty Care (CSC) has grown in the United States, there has been increased attention to the workforce challenges related to operating these programs. In this issue brief, we address a set of recurring questions related to workforce competencies, recruitment, retention, effective orientation, and training and supervision that are critical for the ongoing development of effective CSC programs. We provide strategies for a comprehensive workforce development effort.

**Issue Brief: Treating Affective Psychosis and Substance Use Disorders within Coordinated Specialty Care** by Iruma Bello and Lisa Dixon
While much of the literature supporting the use of Coordinated Specialty Care is based on research with individuals who have non-organic and non-affective psychosis, some programs may also treat individuals whose have affective psychoses or are substance involved. In this brief we detail the special considerations and approaches that may be used with individuals in CSC programs with affective or substance-related conditions.

**Guidance Manual: Educating Communities to Identify and Engage Youth in the Early Phases of an Initial Psychosis: A Manual for Specialty Programs** by William McFarlane and Rebecca Jaynes
The PIER program has a nationally-recognized model for community outreach that seeks to include the full range of settings in which individuals with a first episode of psychosis may appear. In this guidance manual, PIER leaders describe their conceptualization of this task, underscore its fundamental importance for affecting population outcomes, and provide detailed guidance regarding the elements of a comprehensive outreach and public education effort.

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
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NASMHPD Links of Interest

Broadr Federal Flexibility for Medicaid Expansion Rules Could Increase Coverage in Both Medicaid and Exchanges, Avalere Health, November 14
What Red States are Passing Up As Blue States Get Billions, New York Times Upshot Column, November 14
Waiting for Depression to Lift, Effy Redmond, New York Times, November 26
With Teen Mental Health Deteriorating over Five Years, There’s a Likely Culprit, Jean Twenge, The Conversation, November 14
State Health Officials Share How They Apply Evidence to Policy-Making, National Academy for State Health Policy, November 28
State Strategies for Medicaid Quality Improvement for Children and Youth with Special Health Care Needs, Becky Normile, Karen Van Landeghem and Anisha Agrawal, National Academy for State Health Policy, November 28
The Cumulative Probability of Arrest by Age 28 Years in the United States by Disability Status, Race/Ethnicity, and Gender, McCauley EJ., American Journal of Public Health, December 2017
Emergency Medical Services Naloxone Administration: Many Unknowns and Opportunities, Oliva E.M. PhD & Bounthavong M., PharmD, MPH, Annals of Internal Medicine, November 28
Emergency Response and Recovery: Recent Presidential Actions Regarding Emergencies and Disasters, Centers for Medicare and Medicaid Services
Repealing Obamacare’s Insurance Mandate Could Wreak Havoc in Some Very Red States, Tribune News Service, November 29
Addiction and Mental Health vs. Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates, Stephen P. Melek, Daniel Perlman & Stoddard Davenport, Milliman, November 2017