The growth in overall national health expenditures (NHE) dropped from 5.8 percent in 2015 to 4.3 percent in 2016, according to figures released by the Centers for Medicare and Medicaid Services Office of the Actuary and published online in *Health Affairs* on December 6.

Despite the slowdown, health care spending grew 1.5 percentage points faster than the growth in the gross domestic product (GDP), which increased 2.8 percent.

The 2016 broad-based slowdown in growth followed faster growth in 2014 and 2015 associated with coverage expansions under the Affordable Care Act (ACA) and strong retail prescription drug spending growth. Enrollment trends drove the slowdown in Medicaid and private health insurance spending growth in 2016, while slower per-enrollee spending growth influenced Medicare spending. Spending for retail prescription drugs slowed, partly as a result of lower spending for drugs used to treat Hepatitis C, while slower use and intensity of services drove a slowdown in hospital care and physician and clinical services.

However, despite the slowdown in growth, the share of gross domestic product devoted to health care spending was 17.9 percent in 2016, up from 17.7 percent in 2015. Total health care expenditures in the United States reached $3.3 trillion in 2016.

Medicaid expenditures grew from $544.1 billion to $565.5 billion, but the rate of growth dropped from 9.5 percent to 3.9 percent. Medicare spending grew from $648.8 billion to $672.1 billion, but the rate of growth dropped from 4.8 percent to 3.6 percent. Private health insurance expenditures grew from $1.0688 trillion to 1.1234 trillion, but the rate of growth dropped from 6.9 percent to 5.1 percent. Out-of-pocket spending on health care grew from $339.3 billion to $352.5 billion, and experienced the only increase in the growth rate from 2.8 percent growth to 3.9 percent, partly because cost sharing for those with private insurance continued to increase.

From 2008 to 2013, health care spending increased at historically low rates of growth, averaging 3.8 percent per year. The Great Recession of 2007–2009 and the subsequent mild recovery affected health insurance coverage and the use of health care. Additionally, medical price inflation was at historically low levels, in part because of lower economy-wide price growth and legislative actions aimed at slowing health care spending growth.

Following that period, 2014 and 2015 saw dramatic increases in health insurance enrollment, as the ACA expanded insurance options under private health insurance Marketplaces and the Medicaid program—factors contributing to 8.7 million people gaining private health insurance and 10.2 million gaining Medicaid coverage in 2014 and 2015. In addition, growth in spending for retail prescription drugs was very strong in 2014 and 2015 (12.4 percent and 8.9 percent, respectively), mainly as the result of an increase in spending for Hepatitis C medication. As a result, health care spending increased 5.1 percent in 2014 and 5.8 percent in 2015.

### Factors Accounting for Growth in Per Capita National Health Expenditures, 2004–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical prices</th>
<th>Age and sex factors</th>
<th>Residual use and intensity</th>
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</thead>
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<tr>
<td>2004-07</td>
<td>3%</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td>2008-13</td>
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<tr>
<td>2014</td>
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<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>2015</td>
<td>4%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>2016</td>
<td>4%</td>
<td>2%</td>
<td>6%</td>
</tr>
</tbody>
</table>

SOURCE Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group. Medical price growth, which includes economy-wide and excess medical-specific price growth (or changes in medical-specific prices in excess of economy-wide inflation), is calculated using the chain-weighted National Health Expenditures (NHE) price deflator. “Residual use and intensity” is calculated by removing the effects of population, age and sex factors, and price growth from the nominal expenditure level.
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Center for Trauma-Informed Care Trainings

Recovery to Practice CME Webinar Series: Clinical Decision Support for Prescribers Treating Individuals with Co-occurring Disorders

New Resources Posted to the EIP Resource Center

NASMHPD Board & Staff    NASMHPD Links of Interest
New Meta-Analysis Identifies Common Risk Factors Associated with Suicide Ideation, Suicide Attempt, and Suicide Among Individuals with Schizophrenia

New research, published online September 23, in Schizophrenia Bulletin, identifies common risk factors associated with suicide ideation, suicide attempt, and suicide among patients with schizophrenia.

Previous studies found that patients with schizophrenia have a five percent risk of completing suicide in their lifetime. Approximately 25 to 50 percent of patients with schizophrenia have attempted suicide in their lifetime, which indicates a 50 to 100-fold greater incidence of suicidality compared to the general population.

Dr. Ryan Cassidy, with the University of Texas Health Science Center, and his colleagues, who conducted the first meta-analysis of categorical and continuous risk factors associated with suicidal ideation, suicide attempt and completed suicides among patients diagnosed with schizophrenia, examined studies conducted from January 1, 1960 to December 18, 2016. The meta-analysis included 96 studies (cohort, cross-sectional, and case-control) of 80,488 participants. Articles and studies conducted on children and adolescents were omitted from the analysis.

Categorical Risk Factors

The authors identify two protective factors—being male and living alone—as being associated with fewer suicide attempts. They note that living alone does not include group living or long-term care facilities and may have represented a population with higher functional capacity. They conclude that being a male might have been found to be a protective factor for suicide attempt due to the phenomena of “gender paradox” in suicidology—men are less likely to attempt suicide, but more likely to use lethal suicide means—thereby increasing the probability of ending their life. The “gender paradox” may explain why this study found that being a male is a risk factor for completed suicide, but was a protective factor for suicide attempt.

No variable was significantly associated with suicidal ideation under categorical risk factors for patients with schizophrenia.

Continuous Risk Factors

For suicidal ideation, the following continuous risk factors were found to be higher in patients with schizophrenia: Hamilton Depression Rating Scale (HAM-D) score, Beck Depression Inventory (BDI) score, Positive and Negative Symptom Scale (PANSS) general score, and the number of psychiatric hospitalizations.

For attempted suicide, the continuous risk factors are the number of psychiatric hospitalizations and Beck Depression Inventory (BDI) score, whereas age of onset was found to constitute less of a continuous risk factor.

Three continuous risk factors were found to be associated with increased risk of completed suicide: shorter illness length, younger age, and higher IQ. Cassidy and his colleagues note that a history of alcohol use and a history of tobacco use are also significant risk factors. Within the cohort meta-analysis, the researchers found that being male and having a previous history of suicide attempt were significant factors.

The researchers suggest their findings should assist in the development of suicide prevention strategies for patients with schizophrenia as clinicians develop strategies to target the risk and protective factors.

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

Individuals with intellectual and developmental disabilities are at high risk for co-occurring mental health conditions, with the incidence of psychiatric disorders—including illnesses such as major depressive disorder, bipolar disorder, anxiety disorders, impulse control disorders, major neurocognitive disorders, and stereotypic movement disorders—estimated to be more than three times higher in the IDD population than in the general population. One of the challenges in providing mental health services for these individuals in all age groups is in addressing their broader spectrum of unique needs. This Working Paper provides a critical overview of areas for State Mental Health Authorities (SMHAs) and associated stakeholders to utilize in: 1) increasing understanding of co-occurring disorders as a whole and developing a workforce better-equipped to treat skillfully and help support affected individuals’ success; 2) identifying current trends in effective supports that go beyond hospital beds, as well as areas for improvement; 3) understanding pathways to resources to help support these individuals from early educational plans with individual supports pursuant to the Individuals with Disabilities Education Act (IDEA), where the expectation should be that an individual’s functioning can be improved with the right supports; and 4) offering recommendations for policy makers and funders on how to best work with individuals with IDD across all developmental ages who are within the mental health services system.

Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care

Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014

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

Forensic Patients in State Psychiatric Hospitals: 1999-2016

Crisis Services’ Role in Reducing Avoidable Hospitalization

The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity

Older Adults Peer Support: Finding a Source for Funding

Quantitative Benefits of Trauma-Informed Care

Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
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 by February 26 and Save Up to $200

**Weekly ACA Enrollment Snapshot for Healthcare.gov – Week 5 (November 26 to December 2)**

<table>
<thead>
<tr>
<th>Plan Selections</th>
<th>Week 5 Nov 26 – Dec 2</th>
<th>Cumulative – First Five Weeks of Enrollment</th>
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</thead>
<tbody>
<tr>
<td>New Consumers</td>
<td>271,207</td>
<td>989,492</td>
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<tr>
<td>Consumers Renewing Coverage</td>
<td>551,973</td>
<td>2,614,948</td>
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<tr>
<td>Consumers on Applications Submitted</td>
<td>1,104,604</td>
<td>5,968,088</td>
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<tr>
<td>Call Center Volume</td>
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<td>Calls with Spanish-Speaking Representatives</td>
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<td>Healthcare.gov Users</td>
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<tr>
<td>CuidadoDeSalud.gov Users</td>
<td>92,589</td>
<td>371,733</td>
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**Healthcare.gov State-by-State Snapshot (39 States)**

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<tr>
<th>State</th>
<th>Cumulative Plan Selections</th>
<th>States</th>
<th>Cumulative Plan Selections</th>
<th>State</th>
<th>Cumulative Plan Selections</th>
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<td>Virginia</td>
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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)
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
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.

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. 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.
SAMHSA TECHNICAL ASSISTANCE OPPORTUNITIES

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.

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.

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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!

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.
Developing Solutions for Social Isolation in the U.S.: Learning From the World
2017 Call for Proposals from the Robert Wood Johnson Foundation

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 Delinquent 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.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) latest CBHSQ Report examines adolescents’ exposure to substance use prevention messages using data from the 2002 to 2015 National Survey on Drug Use and Health. Substance use prevention programs for adolescents may decrease the influence of substance use risk factors and increase the influence of protective factors.

TA Network Webinars

Working with Youth Who Have Co-Ocurring Substance Use and Mental Health Disorders

December 12, 1 p.m. to 3 p.m. ET

This call will address the interactive impact and mutual influence of co-occurring mental health and substance use disorders in adolescents.

To join call: Toll Free Number 1-800-216-6327 / Toll Number 1-719-325-2711

Participant Passcode 868456

Making Data Work for You: Becoming a Data-Informed Youth Program

December 14, 3:30 p.m. to 5 p.m. ET

Direct Connect: Led by Youth M.O.V.E. National, this LC 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. December’s Direct Connect offering will be presented by Youth MOVE National Team members Kristin Thorp and Brianne Masselli. Learn the basics of collecting data and utilizing data for your youth program’s improvement, growth and sustainability.

Register HERE

Metabolic Disorder in Early Psychosis

December 15, 11:30 a.m. to 1 p.m.

Metabolic Disorder is a common and life-threatening condition among individuals in the early stages of psychotic illness. This webinar will review the causes, signs and symptoms and health effects of Metabolic Disorder, monitoring guidelines, the role of medication prescribing, and current research for preventing and mitigating Metabolic Disorder. Dr. Douglas Noordsy and Dr. Jacob Ballon of Stanford University will be the presenting.

Register HERE

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.
FREE WEBINAR
Bipolar Disorder: Beyond the Basics
Tuesday, December 12, 7 p.m. (ET) / 4 p.m. (PT)

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.

Register HERE

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.

December Trainings

Illinois
12th & 13th - Riveredegh Hospital, Forest Park

Wyoming
18th & 19th - Wyoming Behavioral Health Division, Cheyenne

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, Zia Partners, 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 and services 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 are at higher risk for physical illnesses such as diabetes, so it’s important to prevent 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.

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

RISK FACTORS FOR SUICIDALITY IN PATIENTS WITH SCHIZOPHRENIA: A SYSTEMATIC REVIEW, META-ANALYSIS, AND META-REGRESSION OF 96 STUDIES, Cassidy R.M., Yang F., Kapczinski F. & Passos I.C., SCHIZOPHRENIA BULLETIN, September 23

MESSAGE FRAMING AND ENGAGEMENT IN SPECIALTY MENTAL HEALTH CARE, Mavandadi S. et al., PSYCHIATRIC SERVICES, December 1

PERSON-ORIENTED RECOVERY OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES: A REVIEW AND META-ANALYSIS OF LONGITUDINAL FINDINGS, Thomas E.C. PhD. et al., PSYCHIATRIC SERVICES, December 1

EMERGENCY ROOMS ARE MONOPOLIES. PATIENTS PAY THE PRICE, Sarah Cliff, VOX, December 4

AN EARLY ASSESSMENT OF HURRICANE HARVEY’S IMPACT ON VULNERABLE TEXANS IN THE GULF COAST REGION, Kaiser Family and Foundation & Episcopal Health Foundation, December 2017

MORTALITY QUADRUPLED AMONG OPIOID-DRIVEN HOSPITALIZATIONS, NOTABLY WITHIN LOWER-INCOME AND DISABLED WHITE POPULATIONS, Zirui Song, Health Affairs, December 2017

ONLY ONE IN TWENTY JUSTICE-REFERRED ADULTS IN SPECIALTY TREATMENT FOR OPIOID USE RECEIVE METHADONE OR BUPRENORPHINE, Noa Krawczyk, Caroline E. Picher, Kenneth A. Feder & Brendan Saloner, Health Affairs, December 2017

NATIONAL TRENDS IN SPECIALTY OUTPATIENT MENTAL HEALTH CARE AMONG ADULTS, Beth Han, Mark Olfson, Larke Huang & Ramin Mojtabai, Health Affairs, December 2017

THE BIG FIVE HEALTH INSURERS’ MEMBERSHIP AND REVENUE TRENDS: IMPLICATIONS FOR PUBLIC POLICY, Cathy Schoen and Sara R. Collins, Health Affairs, December 2017 and Big 5 Insurers Depend on Medicare, Medicaid for Growth in Enrollment, Profits, Healthcare Finance, December 5

CBO’S RECORD OF PROJECTING SUBSIDIES FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT: 2014 TO 2016, Congressional Budget Office, December 7