Lack of DACA Accord Puts Federal Government Funding at Risk, Threatens Shutdown

The House of Representatives Thursday evening passed a fourth continuing resolution funding the Federal government into Fiscal Year 2018 by a vote of 230-197. The measure would temporarily fund the government until February 16, and authorize funding for the Children's Health Insurance Program (CHIP) through Fiscal Year 2023.

It was considered unlikely last night that the bill would get the necessary 60 votes to pass the Senate before FY 2018 funding runs out at midnight Friday. The Senate adjourned Thursday night without voting on the bill. Democrats were opposed as a bloc to any funding measure that did not contain provisions statutorily reauthorizing the Obama Administration's Deferred Action for Childhood Arrivals (DACA) immigration policy, and a number of Republicans, including Senators Lindsey Graham (R-SC) and Jeff Flake (R-AZ) were also saying they opposed the measure.

Democrats also opposed provisions delaying implementation of taxes on medical devices, insurers, and so-called Cadillac health plans that were created to fund the Affordable Care Act (ACA) individual health insurance mechanisms. In addition, House Minority Leader Nancy Pelosi also publicly lamented that funding for the Federal community health center program, which like CHIP funding ran out September 30, was not also included in the bill.

The Republican leadership had hoped that the inclusion of 6-year extension of funding for CHIP in the funding measure would help convince Democrats to vote for the bill. The CHIP provisions would extend funding until 2023 for the program itself at $21.5 to $25.8 billion per year, and continue to fund an existing Childhood Obesity Demonstration, state grants for outreach and enrollment, and the Pediatric Quality Measures Program. The measure would also extend the maintenance of effort requirements included in the ACA for families with incomes below 300 percent of the Federal Poverty Level.

The enhanced Federal match for CHIP created under the ACA would be reduced from 23 percentage points to 11.5 percentage points in Fiscal Year 2019, before being completely eliminated.

Republicans were able to include the CHIP funding extension without needing the pay-fors—including increasing Medicare premiums for enrollees with annual incomes in excess of $500,000—previously included in H.R. 3922, which Democrats had opposed. The way forward was paved after the Congressional Budget Office told Congressional staffers in a January 11 email that the repeal of the ACA's individual insurance mandate under H.R. 1, Public Law 115-97, the Tax Cuts and Jobs Act would make premiums for individual health insurance in the private market so expensive that enrolling children in CHIP rather than the exchanges would save the Federal government $6 billion over 10 years.

The continuing resolution would continue to fund the government at Fiscal Year 2017 levels until a full Fiscal Year 2018 funding measure can be passed. That final funding measure could still impose the 25 percent cut in the Mental Health Block Grant that the House passed at the request of the Trump Administration, or it could fund the Block Grant program at Fiscal Year 2017 levels throughout the remainder of the 2018 Fiscal Year, as voted in the Senate Appropriations Committee.

The continuing resolution passed in the House by a mostly party-line vote, with only 11 Republicans—Justin Amash of Michigan, Andy Biggs and Paul Gosar of Arizona, Carlos Curbelo, Ileana Ros-Lehtinen, and Matt Gaetz of Florida, Trey Hollingsworth of Indiana, Walter Jones of North Carolina, Thomas Massie of Kentucky, Alex Mooney of West Virginia, and Rob Wittman of Virginia—opposing, and 6 Democrats—California’s Salud Carbajal and Jim Costa, Texans Henry Cuellar and Vicente Gonzalez, Minnesota’s Collin Peterson and New Jersey’s Josh Gottheimer—supporting. The Conservative Freedom Caucus, which earlier in the day had threatened to vote against the measure if defense appropriations were not increased, ended up supporting the bill.

If the Senate fails to sign off on the continuing resolution by midnight tonight and the Federal government shuts down, the Department of Health and Human Services will have to furlough about half of its 82,000 staff as non-essential employees. Medicare, Medicaid, and Social Security and Disability will be largely unaffected by a government shutdown, and current beneficiaries will continue to receive benefits. But processing new applications for these programs will slow with fewer personnel to process them.

Just before this newsletter reached your mailbox, Senate Minority Leader Chuck Schumer (D-NY) met at the White House with President Trump, but without an apparent resolution to the budget stalemate.
## Lack of DACA Accord Puts Federal Government Funding at Risk, Threatens Shutdown

January 30 Zero Suicide Webinar on Improving Care for Homeless Patients at Risk of Suicide

Childhood Trauma and Low Cortisol Levels Associated with History of Suicide

SAMHSA Announces New Garrett Lee Smith Funding Opportunity for Colleges; Applications Due February 20

2017 NASMHPD Technical Assistance Coalition Working Papers – The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness

Nominate Now for the 2018 SAMHSA Voice Awards

January 30 SAMHSA-Sponsored Webinar – PAX Tools for Parent Peer Specialists

February 5 SAMHSA-Sponsored Webinar – Best Practices in Peer Support Training

February 6 SAMHSA-Sponsored Webinar - Successfully Employing Peer Specialist: A Framework and Tools

February 27 SAMHSA-Sponsored Webinar - Self-Direction through Personalized Budgeting

January 26 SAMHSA-Sponsored Webinar - Peer Support: A Critical Component in Supported Housing

May 28 to June 1, 2018 International Initiative for Mental Health Leadership Conference in Stockholm

HRSA Funding Opportunity Announcements (2) - Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men

January 23 CMS Office of Information Technology Open Door Forum on the Medicare Card Project

January 24 NIMH Workshop on Adolescent Suicide Prevention: Recognizing Teens at Risk & Responding Effectively

Center for Trauma-Informed Care January Trainings

February 3 & 4 Mental Health Hackathon (California Institute of Integral Studies)

January/February Webinar Series in Four Parts on Recovery-Oriented Cognitive Therapy (CT-R)

June 8 & 9 California Department of State Hospitals Public Forensic Mental Health Forum

April 23 to 25 National Council Conference

April 26-27 Health Datapalooza Registration

New Resources Posted to the EIP Resource Center Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis

TA on Preventing the Use of Restraints and Seclusion

SAMHSA Funding Opportunity Announcement: Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

March 10-14 AATOD Conference in New York City

Register for National Drug & Alcohol Facts Week, January 22 to 28

Technical Assistance for State Mental Health Authorities

May 2018 Annual Behavioral Health Informatics Conference

March 12-13 NQF Annual Conference

Children’s TA Network Upcoming Webinars / Call for Proposals for the July 25 to 28 University of Maryland Training Institutes

NASMHPD Board & Staff

### NASMHPD Links of Interest
Improving Care for Homeless Patients at Risk for Suicide
Zero Suicide Webinar
Tuesday January 30, from 2:30 p.m. to 4 p.m. ET

The Zero Suicide framework is based on the foundational belief that gaps in suicide care exist in sometimes fragmented and distracted health and behavioral health (HBH) systems. One population at risk for falling through these cracks is homeless individuals due to a lack of residential stability and the challenges for providers of ensuring successful transitions in care. Rates of suicide deaths among homeless individuals are approximately nine times higher than the general population (Poon et al, 2017). Findings from the most recent Annual Homelessness Assessment Report to Congress indicate that for every 10,000 people in the United States, 17 of them were experiencing homelessness (U.S. Department of Housing and Urban Development, 2017a). Significantly, 49% met criteria for a severe mental illness and/or a chronic substance use disorder. Based on Healthcare Cost and Utilization Project (HCUP) data from 8 states, among the approximately 59,000 homeless patients who visited and were released from the ED, about 17% received care related to suicide or intentional self-inflicted injury (Sun, Karaca, & Wong (AHRQ), 2014). In a Zero Suicide approach, HBH providers should have practices in place that keep all patients at increased risk for suicide engaged in treatment, including attending to hard-to-reach populations such as homeless patients. During this webinar, presenters will share innovative and thoughtful ways they have successfully improved patient engagement and optimized safe care transitions for homeless individuals through their organizational policies and practices.

By the end of this webinar, participants will be able to (1) identify commonly experienced challenges in providing suicide care to homeless patients, (2) describe unique suicide screening, risk assessment, and safety planning considerations for this population, and (3) demonstrate how HBH organizations can establish meaningful partnerships with community organizations to augment safer suicide care practices for patients experiencing homelessness.

**Learn More and Register Here**
The webinar recording will be archived.

**Speaker Information**

**Virna Little, PsyD, LCSW-R, SAP** is the Associate Director of Strategic Planning at the Center for Innovation in Mental Health at City University of New York (CUNY). Previously, Dr. Little served as Senior VP of Psychosocial Services & Community Affairs at the Institute for Family Health in New York. She is a nationally recognized speaker and advocate for integrating primary care and behavioral health services as well as behavioral workforce development. Dr. Little has served on the Zero Suicide Institute Faculty since 2015.

**Jeffrey Sung, MD** is an acting instructor with the University of Washington Dept. of Psychiatry and Behavioral Sciences. Since 2002, his clinical responsibilities have included direct service and consultation in the care of individuals facing homelessness, medical illness, substance use and psychiatric conditions. In addition to work with the university, Dr. Sung also maintains a private practice.

**Astrea Greig, PsyD** is a clinical psychologist with specialty in multicultural psychology and a focus on working with underserved populations. She holds diversity leadership roles and serves on a task force to develop official guidelines for working with economically disadvantaged persons with the American Psychological Association. She currently serves as the manager of the outreach behavioral health team at Boston Health Care for the Homeless.

**Matt Tice, LCSW** is the Clinical Services director at Pathways to Housing PA. He is a passionate advocate for the models of housing first, harm reduction, and holistic care. Previously, Matt managed the Mentoring Children of Prisoner’s program with Big Brother's Big Sisters of Southeastern PA. He also served both as a Peace Corps Volunteer in Zambia and as an AmeriCorps volunteer in Buffalo, NY.
Childhood Trauma and Low Cortisol Levels Associated with History of Suicide

People who experienced high levels of childhood trauma and have a history of suicide attempt were found to release less cortisol when under stress. Recent studies have confirmed that irregular hypothalamic-pituitary-adrenal axis (HPA axis) activity, measured by cortisol levels, have been associated as a potential factor for suicide. Childhood trauma has also been linked to higher risk of suicide.

To determine if there was a correlation between childhood trauma and cortisol levels, researchers from the United Kingdom conducted a study grouping 160 participants by history of suicide attempt(s), thoughts of suicide but no attempt, or no suicidal attempt or ideation (control group).

Study participants completed background questionnaires, including the Childhood Trauma Questionnaire that measures childhood or adolescent abuse and neglect. Next, participants were asked to complete laboratory stress tests to measure participants’ cortisol levels from saliva samplings before and during the task.

Lead researcher Daryl B. O’Connor, University of Leeds, School of Psychology, and team found that participants who attempted suicide in the past released low levels of cortisol when compared to the control group. The lowest level of cortisol were found in participants who had attempted suicide in the past year. This group also reported higher levels of suicidal ideation four weeks after the laboratory testing.

Published online in the journal Psychoneuroendocrinology, the study found high levels of childhood trauma in participants with a history of suicide attempt. Approximately 78.7 percent of participants who attempted suicide had at least one type of childhood trauma (emotional, physical or sexual abuse; emotional or physical neglect) in comparison to 37.7 percent of those who had suicidal ideation and 17.8 percent for those with no suicidal history.

Regression analyses showed that moderate or severe types of childhood trauma had the lowest amount of cortisol during the laboratory test. Specifically, higher levels of childhood trauma were associated with lower cortisol levels in participants with a history of suicide attempt. A family history of suicide were not related to the effects of childhood trauma on cortisol levels.

The research team concludes that the findings indicate an association between childhood trauma and irregular HPA axis activity. Further research is needed to explore the validity of using cortisol stress test as an assessment tool to identify vulnerable populations at risk of suicide.

SAMHSA Announces New 2018 Garrett Lee Smith Funding Opportunity for Colleges

SAMHSA has released new funding opportunity under the 2018 Garrett Lee Smith Campus Suicide Prevention grant program. The aim of the grant program is for institutions of higher education to develop the necessary infrastructure and sustainability of a comprehensive suicide prevention program that:

- enhances services for all college students, including those at high risk (mental health, substance use disorders) that can lead to students struggling in school;
- prevents behavioral health conditions;
- promotes help-seeking behavior and reduce stigma; and
- improves the identification and treatment of at-risk college students.

The 2015-2016 Association of University and College Counseling Center Directors (AUCCCD) survey results found the most predominant behavioral health conditions among college students seeking counseling were: anxiety (50.6 percent), depression (41.2 percent), relationship concerns (34.4 percent), suicidal ideation (20.5 percent), self-injury (24.2 percent) and alcohol abuse (9.5 percent).

Anticipated Total Available Funding: $1,847,000  Anticipated Number of Awards: Up to 18
Anticipated Award Amount: Up to $102,000 per year  Length of Project: Up to 3 years
Anticipated Project Start Date: September 30, 2018  Cost Sharing/Match Required: Yes

Application Due Date: Tuesday, February 20, 2018

Eligibility: Institutions of higher education are eligible to apply. Current GLS grantees who received funding under SM-15-008 or SM-17-003 are not eligible for the grant. Higher education includes public and private colleges and universities including state universities; private colleges including those with religious affiliations; community colleges; and minority-serving institutions of higher learning (ex. Tribal, Historically Black colleges/universities; Hispanic, Asian American, Native American, and Pacific Islander).

An institution of higher education receiving a grant under this funding opportunity announcement may carry out the grant’s activities through: college counseling centers; college and university psychological services centers; mental health centers; psychology training clinics; or institutions of higher education supported by evidence-based behavioral health programs.

Applicants must send the Public Health System Impact Statement (PHSIS)/Single State Agency Coordination to the appropriate State and local health agencies by the application deadline (Tuesday, February 20, 2018). Comments from Single State Agency are due no later than 60 days after the application deadline.

The funding opportunity announcement and supplemental materials can be viewed HERE.
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

State Mental Health Authorities (SMHAs) are tasked with administering funding for, and overseeing the delivery of, mental health (and, in some cases, substance use disorder) services. SMHAs are responsible for improving treatment outcomes and the quality of life for those who need these services. Adopting strategies that address high risk factors and promoting integrated physical and behavioral health care are important roles for SMHAs to undertake in meeting the needs of individuals with behavioral health conditions. The growing recognition of the importance of behavioral health care in achieving population health is revitalizing the call for responsive and accessible behavioral health services. SMHAs should use this opportunity to create new partnerships and energize existing ones that can facilitate integrated care through policy development, strategic planning, and advocacy.

SMHAs should lead the way in engaging sister state agencies in identifying the roles and responsibilities of physical and behavioral health care systems within their states. SMHAs can assist in developing policies and procedures that facilitate bi-directional referral when appropriate. Once these policies and procedures are established, the behavioral health system must serve as a responsive partner. While the formal behavioral health system may not be the primary treatment source for all individuals, it should be a resource for referral and consultation when called. SMHAs can provide leadership in promoting the expectation for screening and referral to treatment across both physical and behavioral health systems. Routine screening for common medical conditions among children and adolescents, adults, and older adults with behavioral health conditions is critical. Establishing a policy encouraging or requiring behavioral health providers to conduct routine medical screenings can help them identify physical health conditions when they first appear, and prevent or mitigate their progression.

SMHAs must also work with stakeholders to identify and eliminate policies and regulations that deter integrated physical/behavioral health treatment. Integrated care will not simply occur; thoughtful, systemic planning is necessary to ensure that the capacity, processes, and structures to support this approach are in place. SMHAs should conduct an assessment of the health care needs and preferences of people served by the behavioral health system. SMHAs should also engage representatives of the physical health care system to identify the behavioral health needs of the people they serve. Each system can then plan for and develop shared strategies with points of accountability for delivering integrated care.

Crisis Services’ Role in Reducing Avoidable Hospitalization

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

Forensic Patients in State Psychiatric Hospitals: 1999-2016

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
SAMHSA’s Voice Awards program honors consumer, peer, and family leaders who are improving the lives of people with mental illnesses and substance use disorders in communities across the country. The awards program also recognizes television and film productions that educate the public about behavioral health and showcase that recovery is real and possible through treatment and recovery supports.

SAMHSA’s 2018 Voice Awards will pay special attention to individuals and entertainment productions that are raising awareness about serious mental illness and opioid use disorders.

All nominations within the following categories are due by March 16, 2018. Nominations are open to anyone. There is no limit to the number of nominations an individual can submit, and self-nominations are welcome.

**Consumer, Peer, and Family Leaders**
Potential honorees should be educating the public about mental illnesses and/or substance use disorders, and should have:

- Personally demonstrated that recovery is real and possible through treatment and recovery supports.
- Led efforts to reduce the negative public attitudes and misperceptions associated with behavioral health.
- Made a positive impact on communities, workplaces, or schools.
- Promoted meaningful family involvement as an essential part of recovery.

*Only individuals who live and work in the United States are eligible for recognition.*

**Television and Film Productions**
Eligible productions should feature dignified, respectful, and accurate portrayals of people with mental illnesses and/or substance use disorders. They also must have aired in a public setting after April 15, 2017.

*Only productions that have been distributed in the United States are eligible for recognition.*

The 2018 Voice Awards event will take place on August 8, 2018, at Royce Hall at the University of California, Los Angeles. Visit the [Voice Awards website](http://www.samhsa.gov/voice-awards) for more information about the awards program, event updates, and instructions for submitting nominations.
SAMHSA-Sponsored Webinars

PAX Tools for Parent Peer Specialists
Tuesday, January 30, 12 p.m. E.T.

Developed under Contract by the National Federation of Families for Children's Mental Health

With the PAX Good Behavior Game (PAX for short), children and adults who care about them in school, at home, and in the community are the heroes of making the world better, and bettering themselves.

The PAX Good Behavior Game is based on multiple “gold standard” studies of classrooms and teachers in the US, Canada, and Europe. PAX GBG may be the most effective strategy a teacher can currently use in his or her classroom to protect children from lifetime mental, emotional, and behavioral disorders while also increasing lifetime academic success. Everything in PAX was invented by teachers at one time or another, and then tested by fire by some of the world’s best prevention or behavioral scientists. You will find references for replicated scientific studies—most of which can be found at www.pubmed.gov (the National Library of Medicine). Only one of the hundreds of studies related to the tools in PAX GBG is by the developers of PAX GBG. The science is truly worldwide, spanning the United States, Canada, several European Countries, Africa, and findings from First Nations or Tribes. There are more scientific studies about the components of PAX GBG than virtually any other universal prevention strategy for classrooms.

As PAX has evolved, an emphasis on parent/family support has emerged. PAX tools are now being developed that families need to reinforce the strategies children are learning through the Good Behavior Game. By utilizing parent/family peer specialists who are PAX trained, we predict enhanced outcomes for children and their families.

Presenters:
- Dennis D. Embry, Ph.D., Founder of PAXIS Institute;
- Erin Roepcke, LMSW, Development Manager, PAXIS Institute

Moderated by Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

Closed Captioning is Available for this Webinar

Best Practices in Peer Support Training
Monday, February 5 at 3:30 p.m. E.T.
Developed under Contract by Mental Health America

Peer support is an essential part of part of recovery-focused services and systems. With the launch of the first advanced National Certified Peer Specialist Certification, individuals across the country have the opportunity to get certified, explore new career paths, and expand a growing and needed mental health workforce. To ensure the best outcomes and biggest impact for both peer specialists and those they support, individuals need to receive Peer Support Training. Learn from two national leaders in Peer Support training on the history, fundamentals, and best practices in training and how to join the growing network of trained and certified Peer Support Specialists.

Learning objectives:
- Review Peer Support training history
- Understand the basics and best practices in Peer Training
- Learn how to get started with training
- Understand State vs National Certification

Presenters:
- Guyton Colantuono, Executive Director at Project Return Peer Support Network
- Clarice Bailey, Ph.D., Chief Learning Officer at Mental Health Partnerships (formerly MHASP)

Moderator – Kelly Davis, Manager of Peer Advocacy, Support and Services at Mental Health America

If you have any questions regarding either of this webinars, contact Kelle Masten by email or by phone at 703-682-5187.
SAMHSA-Sponsored Webinars

Successfully Employing Peer Specialist: A Framework and Tools

Tuesday, February 6, 2:30 p.m. E.T.

Developed under Contract by the National Association of State Mental Health Program Directors

This webinar, directed particularly at provider management and supervisors, will offer a framework for and specific tools on successfully employing peer specialists:

1) Clarifying the peer specialist role;
2) Recruiting, hiring, and training of peers;
3) Educating and supporting non-peer staff;
4) Using the reasonable accommodation (Americans with Disabilities Act) Employee Assistance Programs to address job difficulties and support good performance;
5) Team building: Cross training and co-learning;
6) Key components/elements of organizational culture and infrastructure

Presenter: Jonathan Delman, Ph.D., JD, MPH is Senior Associate at the Technical Assistance Collaborative and Assistant Professor at the University of Massachusetts Medical School, Transitions Research and Training Center. Dr. Delman has worked successfully with providers to improve peer productivity, with peer-reviewed articles and practical guides, including Effectively Employing Young Adult Peer Providers: A Toolkit.

Register HERE

Closed Captioning is Available for this Webinar

Self-Direction through Personalized Budgeting

Tuesday, February 27 at 2 p.m. E.T.

Developed under Contract by the National Coalition for Mental Health Recovery

Self-direction is a model for organizing supports in which the participant manages an individual budget to purchase for a variety of services and goods used to facilitate their recovery journey. This webinar will start with an introduction to Self-Directed Care (SDC), including a brief history and the places that are testing it out.

There will be three perspectives shared:

• Bevin Croft, MPP, PhD, Research Associate at the Human Services Research Institute, will present the research that has been done, with preliminary results here and in England, and future directions in research and funding for research.

• Julie Schnepf, a participant in the Consumer Recovery Investment Fund Self-Directed Care Program for the last 7 years who has become a Certified Peer Specialist with additional training in working with various populations, will share the ways that SDC has changed her life, both its impact on her capacity to live in the community and her self-confidence. She will comment on the advocacy by Joe and Susan Rogers that got the program set up in Pennsylvania. She will also share the difference between the pilot program and the sustainable county-funded program.

• Pam Werner, Manager with the Michigan Department of Health and Human Services in the Office of Recovery Oriented Systems of Care, will share the perspective of a state administrator, what role she played in bringing SDC to Michigan, approaches to getting funding and conducting an evaluation, and the ways that an administrator sees advantages to the program.

Moderator - Daniel Fisher is a person of lived experience of recovery from schizophrenia. He is co-founder and CEO of the National Empowerment Center, which is a consumer-run organization with a mission of carrying a message of recovery, empowerment, hope, and healing to people with lived experience. He is a community psychiatrist and Adjunct Professor of Psychiatry at UMass Medical School.

Register HERE

Closed Captioning is Available for this Webinar

If you have any questions regarding either of this webinars, contact Kelle Masten by email or by phone at 703-682-5187.
SAMHSA-Sponsored Webinar

Peer Support: A Critical Component in Supported Housing

Friday, January 26 at 2 p.m. E.T.

Developed under Contract by the National Council for Behavioral Health

There is scientific evidence that adding peer support to traditional mental health and substance use services decreases substance use, reduced psychiatric hospitalization, improves social functioning, and increases the likelihood of stabilization, well-being and recovery. There is also a growing body of evidence that the addition of peer support within housing services, when implemented effectively, results in stronger engagement, decreased symptoms and increased self-efficacy and independence. This webinar will explore peer support within housing models and strategies to effectively include and implement the role.

Presenters:
- Tom Hill, Vice President of Practice Improvement, National Council for Behavioral Health. Hill is frequently sought out as a national thought leader in the addiction and recovery field; his personal experience of recovery from addiction spans over two decades. He is the recipient of numerous awards including the Johnson Institute America Honors Recovery Award, the NALGAP Advocacy Award, and a Robert Wood Johnson Fellowship in the Developing Leadership in Reducing Substance Abuse initiative.
- Lyn Legere is a person in long term recovery from substance use and mental health challenges. She has a long history of involvement with peer support, dating back to the early 1980s and the implementation of the Certified Alcohol Counselor (CAC) in Massachusetts. In more recent years, she has been deeply involved in the development, training and implementation of peer support. Lyn consults nationally and internationally on best practices in peer support training, supervision and roles within and beyond the behavioral health system. She is also a consultant to SAMHSA and the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) on recovery and peer support.

Closed Captioning is Available for this Webinar

If you have any questions regarding either of this webinars, contact Kelle Masten by email or by phone at 703-682-5187.

IIMHL & IIDL 2018

Building Bridges Beyond Borders

Leadership Exchange

Stockholm, Sweden – May 28 to June 1

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

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

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

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

Registration is $400 for Individuals not residing in an IIMHL Country.

Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
SAMHSA Funding Opportunity Announcement
Clinical Support System for Serious Mental Illness Funding Opportunity Announcement
FOA Number SM-18-020
Posted on Grants.gov: Wednesday, January 17, 2018
Application Due Date: Monday, March 19, 2018

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 Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Clinical Support System for Serious Mental Illness (Short Title: CSS-SMI) grant. The purpose of this program is provide technical assistance (TA) for the implementation and provision of evidence-based treatment and recovery support programs for individuals living with serious mental illness (SMI). The program aims to establish a national Center to provide this TA to providers, programs and communities across the nation.

The program initiative will focus on the development and delivery of technical assistance that supports the implementation of evidence-based practices in the person-centered treatment and recovery support of individuals with SMI. The CSS-SMI is intended to target localities and populations, particularly those with SMI, who currently have limited access to good care that incorporates evidence-based practices. This is in alignment with the Interdepartmental SMI Coordinating Committee (ISMICC) recommendations that more people with SMI get good care and that there are fewer gaps in obtaining treatment and recovery support services for persons with SMI. The CSS-SMI is intended to have two particular clinical foci: 1. Promotion of the optimization of and increased access to the safe use of evidence-based and person-centered pharmacological interventions that are beneficial in the treatment of many persons with SMI, such as long-acting injectable antipsychotic medications and the use of clozapine and 2. Increased access and engagement so that more people with SMI are able to get good care. In this context, good care includes access to a range of person-centered services, such as crisis services, that are equipped to work with individuals with SMI. Good care also includes access to a set of recovery support services that are provided by professionals, including peer support specialists, who work together with psychiatric medical staff and over time to seamlessly coordinate and optimize person-centered recovery. We are particularly interested in the promotion and implementation of optimal pharmacologic treatment and recovery support services in localities of greatest need. These components of the initiative focus on the education and training needs of service providers and implementation needs of programs providing services to those living with SMI. Provision of information about best practices as they relate to prevention, treatment and recovery services for SMI oriented toward the needs of individuals living with these conditions and their families is also an important component of this initiative. Because this project requires a national focus that addresses all aspects of SMI, consortia of providers, academic programs, and other stakeholders are encouraged.

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example: public or private universities and colleges, guild and/or professional organizations, national stakeholder groups.

Award Information:
Funding Mechanism: Grant
Anticipated Total Available Funding: $2,900,000
Anticipated Number of Awards: One Award
Anticipated Award Amount: Up to $2,900,000 per year
Length of Project: Up to 5 years
Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $2,900,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee 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: Tracie Pogue, Office of Policy, Planning and Innovation, SAMHSA, (240) 276-0105
Tracie.pogue@samhsa.hhs.gov

Health Resources and Services Administration Funding Opportunity Announcements

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who Have Sex with Men – Evaluation and Technical Assistance Provider
HRSA-18-053 | HIV/AIDS Bureau
Application Deadline: February 5, 2018
Projected Award Date: August 1, 2018
Estimated Award Amount: N/A

This announcement solicits applications for Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men who have Sex with Men (BMSM) - Evaluation and Technical Assistance Provider (ETAP). Funding will be provided in the form of a cooperative agreement to support one (1) organization for up to four (4) years to lead a multi-site evaluation and provide technical assistance (TA) to a cohort of up to seven (7) demonstration sites funded under a separate announcement (HRSA-18-047). Those demonstration sites will adapt and implement evidence-informed interventions and/or models of care to engage, link and retain particularly vulnerable populations. Specifically, this initiative will engage and retain BMSM in HIV medical care and supportive services by addressing their behavioral health needs.

The proposed interventions and/or models of care will include strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM and improve their health outcomes. The ETAP will evaluate programmatic, clinical, and client level outcomes of the implementation. In addition, the ETAP will assess the costs associated with the implementation of the evidence informed interventions/models of care. The ETAP will also coordinate the development of implementation toolkits, trainings, and other dissemination products that will promote the replication of evidence informed interventions that were shown to improve health outcomes in other Ryan White HIV/AIDS Program (RWHAP) and other health care settings. Because award recipients under both NOFOs (HRSA-18-047 and HRSA-18-053) will need to work closely together to be successful, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) encourages applicants for this NOFO to read the companion announcement and be familiar with all program expectations within both NOFOs.

Additional Eligibility: Entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations are eligible to apply.

Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men - Demonstration Sites
HRSA-18-047 | HIV/AIDS Bureau
Application Deadline: February 5, 2018
Projected Award Date: August 1, 2018
Estimated Award Amount: N/A

This notice of funding opportunity (NOFO) solicits applications for fiscal year (FY) 2018 for a new, 3-year initiative entitled Implementation of Evidence-Informed Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men (BMSM) - Demonstration Sites. The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) will award up to seven (7) grants of up to $300,000 each per year for 3 years, in order to support the implementation of evidence-informed behavioral health interventions and/or models of care to engage, link and retain BMSM living with HIV in medical care and supportive services. The proposed interventions and/or models of care will include strategies to integrate behavioral health services, including substance use disorder treatment, with HIV care to specifically address the needs of BMSM and improve their health outcomes. Demonstration site outcomes will inform the development of implementation toolkits and other dissemination products in order to promote replication across the Ryan White HIV/AIDS Program (RWHAP) and other health care settings.

Additional Eligibility: Eligible applicants include entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 including public and nonprofit private entities, state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.
Centers for Medicare & Medicaid Services, Office of Information Technology
Special Open Door Forum: New Medicare Card Project
Tuesday, January 23, 2 p.m. to 3 p.m. ET
Conference Call Only - Participant Dial-In Number: 1-800-837-1935 - Conference ID #: 8259057
Please dial in at least 15 minutes prior to the start of the call

CMS’s Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow State Medicaid agencies, Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS’s approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI). During this ODF we will cover the background of the New Medicare Card Project, the implementation of new Medicare numbers, the format of the new number, timeline & milestones, the transition period, outreach & education, and what you need to know to get ready for the new number.

For more information about the New Medicare Project, please visit our website, Feedback and questions on the New Medicare Card Project can be sent to NewMedicareCardSSNRemoval@cms.hhs.gov
Participant Dial-In Number: 1-800-837-1935, Conference ID #: 8259057, beginning two hours after the call is ended. The recording will expire January 31 at midnight Eastern Time.

Adolescent Suicide Prevention: Recognizing Teens at Risk & Responding Effectively
Live-Streamed January 24, 8:30 a.m. to 12:30 p.m. ET

Suicide is a major public health concern. Over 44,000 people die by suicide each year in the United States. Suicide is the second leading cause of death for young people aged 10-24 both in the United States and worldwide. Suicide is complicated and tragic but it is often preventable. Knowing the warning signs for suicide and how to get help can save lives.

Join experts for a workshop about adolescent suicide prevention, which will include techniques for early detection and management of young people at risk. Visit HERE to view the live event. Register HERE for the in-person workshop in Bethesda, Maryland. The event will also be archived.

Introduction by Maryland Pao, M.D., Clinical Director, National Institutes of Mental Health (NIMH)

Keynote by David A. Brent, M.D., University of Pittsburgh, author of What Do I Do Now? A Clinician’s Guide to the Assessment and Management of Youth at Imminent Risk for Suicidal Behavior
Attendees will learn how to assess for imminent suicidal risk and develop a safety plan, and about strategies for reduction in risk that cut across clinical settings, are setting-specific, and have empirical support. Finally, the event will conclude with four possible approaches to clinical assessment of suicidal risk that could improve performance in prediction and intervention over the current standard.

Elizabeth Ballard, Ph.D., NIMH, author of The Neurobiology of Suicide.
Attendees will learn strategies for working with suicidal patients, particularly within psychiatric inpatient settings. Ethical concerns when conducting research with suicidal individuals will also be highlighted. Lastly, recent findings on acute risk factors for suicidal thoughts, including sleep, will be presented.

Other speakers will include:

- Lisa Horowitz, PhD, MPH, NIMH, author or Screening for Suicide Risk in the Medical Setting: Turning Research into Clinical Practice
- Anne Moss Rogers, Beacon Tree Foundation, author of Turning Pain into Purpose - Finding Hope after Losing My Son
- Argyris Stringaris, MD, PhD, MRCPsych, NIMH
Announcing HackMentalHealth—Silicon Valley’s Mental Health Hackathon

In the upcoming century, mental health is one of the biggest challenges our nation faces.
- 1 in 5 U.S. adults experience mental illness in a given year.
- Suicide is the second leading cause of death in the U.S. for people aged 15–24.
- 46% of homeless adults live with severe mental illness and/or substance abuse disorders.

Coming Together
There are talented, inspiring mental health practitioners tackling mental health issues on the front lines. There are brilliant minds in the technology field who are eager to make a real impact in improving the health of millions of Americans. There are survivors and friends of loved ones who have suffered from mental health illnesses. Everyone has an important role in this conversation. Let’s come together and innovate mental health.

The Event
Taking place over February 3–4, 2018, HackMentalHealth will be holding a 24-hour event focused on hands-on learning and partnership with the mental health space, including academia, industry, and entrepreneurship. Our judges include leaders from a diverse set of disciplines:

- **Courtney Brown**, SF Suicide Hotline Director
- **Erran Berger**, LinkedIn VP, Consumer Engineering
- **Liz Beaven**, Provost, California Institute Of Integral Studies
- **Seth Rosenberg**, Investor at Greylock Partners

We are also joined by some of the leading companies and organizations dedicated to improving our nation’s state of mental health:
- Tech: LinkedIn, LinkedIn Wellness, Greylock Partners, DevRelate.io
- Mental Health: SF Suicide Prevention, Big Health, Lantern, WELL, Prompt, Campfire
- Academic: California Institute of Integral Studies
- Individual: Jessica Livingston, Founding Partner of Y Combinator
- Food & Beverage: hint water, Kasa Indian Eatery, Soylent, Guayaki

This Isn’t Your Average Hackathon Most hackathons require participants to be coders and chug Red Bull all night in order to participate. Since we believe in the importance of mental health, we’re making sure this hackathon is different:
- We’ll enact a “code freeze” to encourage participants to get sleep.
- Instead of Red Bull, we’re partnering with health-conscious companies like Hint Water and Soylent.
- Our activities include yoga workshops, expressive art therapy, and even an acupuncture session!

How Do I Join? This hackathon is open to all disciplines and backgrounds. You can read more at our website, http://www.hackmentalhealth.care, and sign up to participate at our Eventbrite Sign Up Page.
Recovery to Practice (RTP) Initiative Invites You to Attend…

*Recovery-Oriented Cognitive Therapy (CT-R)*

*Webinar Series in Four Parts*  
*Wednesdays, 1 p.m. to 2 p.m. ET*

Our first webinar series of 2018 will focus on recovery-oriented cognitive therapy (CT-R) for people who experience serious mental illness. CT-R is an empirically-supported approach that operationalizes recovery and resiliency principles in a person-centered, strength-based way. CT-R pairs with psychiatric practice to produce measurable progress, is readily teachable, and has been successfully implemented in with people with a range of needs and in many settings (hospital, residential, case management team, outpatient).

Understand how an evidence-based, recovery-oriented cognitive therapy (CT-R) can operationalize recovery and resiliency.

Learn mechanisms for employing CT-R processes and technics within clinical practice.

Explore methods for implementing evidence-based interventions across large behavioral health system.

**Theory, Evidence, and Activating the Adaptive Mode in CT-R**

Part 1: Paul Grant and Ellen Inverso of the Beck Institute discussed the development and utilization of Recovery-Oriented Cognitive Therapy with introduction of the “adaptive mode”.

A recording of the first webinar, held on January 3, can be accessed at:  
https://ahpnet.adobeconnect.com/pi0xzoqvxfq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false

**Discovering Meaningful Aspirations and Taking Action with CT-R**

Part 2: Paul Grant and Ellen Inverso discuss eliciting an individual’s hopes and dreams for motivating and energizing recovery via CT-R. (A recording will be posted shortly.)

**Upcoming Sessions**

**February 7, 2018: Team-based CT-R for Building Empowerment and Resilience**

Part 3: Paul Grant and Ellen Inverso focus on the use of CT-R in multidisciplinary services, energizing both the person and the team members.

**February 21, 2018: Implementation of CT-R Across a System, Lessons of Success**

Part 4: Arthur Evans, CEO of the American Psychological Association, and Paul Grant focus on the systemic large-scale implementation of CT-R sharing evidence of culture change.

Register [HERE](#)

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

For more information contact: RTP@AHPnet.com  
Website: [https://www.samhsa.gov/recovery-to-practice](https://www.samhsa.gov/recovery-to-practice)
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.

January Trainings

District of Columbia
January 22 - Children's National Health System

Maryland
January 26 - Woodbourne School, Baltimore

Virginia
January 24 & 25 - Virginia Center for Behavioral Rehabilitation, Burkeville

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.

California Department of State Hospitals Public Forensic Mental Health Forum

Department of Health Care Services Auditorium, 1500 Capitol Avenue, Sacramento, CA 95814
June 7 & 8, 2018

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

Featured Speakers Will Include:

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

CLICK HERE TO REGISTER NOW!
EARLY REGISTRATION ENDS JANUARY 31

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.

Or, we can SHOW YOU what you’ll miss if you don’t attend NatCon18 – the National Council Conference.

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

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

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

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

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

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

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.
Advancing & Integrating Specialized Addiction Treatment & Recovery

Register Now

for the 2018 American Association for the Treatment of Opioid Dependence Annual Conference! Standard Registration Ends February 14!!

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
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.
NQF’s 2018 Annual Conference brings together experts to offer insights on some of the nation’s most urgent healthcare priorities.

Join us March 12 in Washington, DC, to hear how these leaders are working to reduce health disparities and improve care for all communities:

- David Feinberg, MD, MBA, president and chief executive officer, Geisinger Health System
- Trenor Williams, MD, founder and chief executive officer, Socially Determined
- Garth Graham, MD, MPH, president, Aetna Foundation
- Derek Robinson, MD, MBA, vice president, enterprise quality and accreditation, HCSC
- Alicia Fernandez, MD, professor of clinical medicine, UCSF

These speakers will address socioeconomic factors that underlie disparities as well as national policy issues related to performance measurement and risk adjustment. Join NQF’s new Health Equity Member Network on March 13 to further delve into this complex and critical area of healthcare and hear about NQF’s Health Equity Program.

Last year’s conference sold out. Register and make your travel plans now!

Follow @NatQualityForum and use #nqf18 to share insights.
TA Network Webinars

Early Childhood Learning Community: Diagnosis of Mental Health and Developmental Disorders in Young Children

*Monday, January 22, 2:30 p.m. to 4 p.m. ET*

This webinar will provide information on the updated Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5).

[Register Here]

Learning Community for Family Leaders: Confidentiality and SAMHSA Participant Protection Guidelines for Family Organizations

*Thursday, January 25, 3 p.m. to 4:30 p.m. ET*

The services offered through a family-run organization may not seem to have serious risk associated with them. Nevertheless, family-run organizations must consider how to safeguard families’ confidentiality and develop protections against any unforeseen risks that could occur. The purpose of this presentation is to address the Confidentiality and SAMHSA Participant Protection/Human Service Guidelines required when applying for a SAMHSA grant.

[Register Here]

Effective Clinical Supervision in Early Psychosis Programs

*Friday, January 26, 11:30 a.m. to 1 p.m. ET*

Clinical supervision is an essential but often overlooked need for early psychosis dissemination. "Effective Clinical Supervision in Early Psychosis Programs," with Ryan Melton, PhD, will explore the critical role of clinical supervision of early psychosis teams, effective supervision strategies, and common challenges.

[Register Here]

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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 Deadline Has Been Extended for the Training Institutes Call for Proposals to January 29**
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NASMHPD Links of Interest

Medicaid and Work Requirements: New Guidance, State Waiver Details and Key Issues, MaryBeth Musumeci, Rachel Garfield & Robin Rudowitz, Foundation, January 16
Medicaid: Further Action Needed to Expedite Use of National Data for Program Oversight, Government Accountability Office, December 2017
CMS Should Take Additional Steps to Improve Assessments of Individuals’ Needs for Home- and Community-Based Services, Government Accountability Office, January 16
CMS Approval Letter for Kentucky § 1115 Waiver Containing Work, Premium Requirements for Medicaid Expansion Enrollees & Fact Sheet, January 12
NIH News in Health Special Issue: Aging in Senior Health, National Institutes of Health, January 2018
Changes in Health Care Use Associated With the Introduction of Hospital Global Budgets in Maryland, Roberts E.T., PhD, McWilliams J.M., MD, PhD, Hatfield L.A., PhD et al., JAMA Internal Medicine, January 16
The Wrong Way to Treat Opioid Addiction, Maia Szalavitz, New York Times, January 17 Op-Ed
Understanding the Mental Health Consequences of Family Separation for Refugees: Implications for Policy and Practice, Miller, A., Hess, J.M., Bybee, D., & Goodkind, J.R., American Journal of Orthopsychiatry, June 15
Finding Hope for People Suffering From Mental Illness and Addiction, Dr. Elinor F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use, SAMHSA Blog, January 12
Statement of Elinore F. McCance-Katz, MD, PhD, Assistant Secretary for Mental Health and Substance Use Regarding the National Registry of Evidence-based Programs and Practices and SAMHSA’s New Approach to Implementation of Evidence-Based Practices (EBPs), SAMHSA Newsroom, January 11
HHS Announces New Conscience and Religious Freedom Division, HHS Website, January 18 and HHS Office for Civil Rights Proposed Rule: Protecting Statutory Conscience Rights in Health Care, Federal Register, January 19