Final Revisions to 42 CFR Part 2 Regulations Fail to Address Provider Care Concerns

The final 42 CFR Part 2 regulations published by the Substance Abuse and Mental Health Services Administration in the January 3 Federal Register do little to address the concerns of health care providers who believe the restrictions on disclosure of records of substance use disorder (SUD) diagnosis, treatment, or referral prevent those providers from coordinating and integrating care, avoiding adverse reactions among medications, and preventing opioid overdoses resulting from the use of opioids to relieve pain for medical conditions.

Although SAMHSA states in the preamble that the revised regulations “are intended to better align 42 CFR Part 2 with advances in the U.S. health care delivery system,” the regulations primarily permit the sharing of SUD patient information for purposes of facilitating healthcare operations and insurance payment and to support audit and evaluation activities.

The final regulations, which will take effect February 2, permit an abbreviated notice of the 42 CFR prohibitions on use and disclosure to accompany disclosures made with the patient’s written consent. The options are to include either a lengthy notice or one which simply states “42 CFR part 2 prohibits unauthorized disclosure of these records.”

The regulations also require that lawful holders of SUD patient diagnosis, treatment, and referral information who contract with contractors, subcontractors, and legal representatives include language in their contracts which states that the contractor, subcontractor, or voluntary legal representative is fully bound by the provisions of Part 2 on receipt of any-patient identifying information. However, the regulation does not mandate specific text for that contract language.

SAMHSA says it continues to believe that disclosure cannot be permitted for care coordination or case management, and the revised regulations now specifically so state. However, the preamble of the proposed regulations (but not the regulations themselves) specifically permits disclosures within the following circumstances:

- Billing, claims management, collections activities, obtaining payment under a contract for reinsurance, claims filing and related health care data processing;
- Clinical professional support services (e.g., quality assessment and improvement initiatives; utilization review and management services);
- Patient safety activities;
- Activities pertaining to:
  - The training of student trainees and health care professionals;
  - The assessment of practitioner competencies;
  - The assessment of provider and/or health plan performance; and
  - Training of non-health care professionals;
- Underwriting, certification, licensing, or credentialing activities;
- Activities related to addressing fraud, waste and abuse;
- Conducting or arranging for medical review, legal services, and auditing functions;
- Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating, including formulary development and administration, development or improvement of methods of payment or coverage policies; Business management and general administrative activities, including management activities relating to implementation of and compliance with the requirements of this or other statutes or regulations;
- Customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers;
- Resolution of internal grievances;
- The sale, transfer, merger, consolidation, or dissolution of an organization;
- Determinations of eligibility or coverage (e.g., coordination of benefit (Continued on page 3)
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Labor Department Proposes Expanding Availability of Association Health Plans

The Labor Department proposed new regulations January 4 that it says will make it easier and less expensive for small businesses and up to 11 million currently uninsured Americans who work for small businesses or are self-employed to buy "association" health plans that would bypass some of the insurance protections built into the Affordable Care Act (ACA).

The rules are open to public comment for 60 days from their publication in today's Federal Register.

The proposal would carry out the most significant part of an October Executive Order issued by President Trump directing the government to foster more alternative types of insurance. It would expand the availability of association health plans by allowing individuals with a "commonality of interest" to buy them. And it would classify the plans so that they would not have to include the 10 essential health benefits (EHBs) that the ACA requires of insurance sold to individuals and small companies. Those EHBs include mental health and substance use disorder treatment services.

Association plans have existed for years under limited circumstances in which small businesses band together to buy insurance. The proposal would broaden the circumstances under which association health plans could be created.

The insurance industry fears the proposal will promote substandard coverage and weaken the ACA's already fragile insurance marketplaces. But the proposal still retain the ACA's prohibition against discrimination against people with pre-existing conditions, and would also retain the prohibition on lifetime limits of benefits. Insurers had feared that dropping these protections would be particularly damaging to the ACA's marketplaces because it might encourage healthier people to turn toward the alternative health plans while leaving the risk pools for the more comprehensive (and expensive) plans with less healthy, higher-cost consumers.

The draft rules allow association health plans to be sold across state lines. However, they do not free the plans from state regulation.

Final Revisions to 42 CFR Part 2 Regulations Fail to Address Provider Care Concerns

(Continued from page 1) services or the determination of cost sharing amounts, and adjudication or subrogation of health benefit claims; • Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges.

• Risk adjusting amounts due based on enrollee health status and demographic characteristics; and

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.
Study Finds Upward Trend in Suicidal Behaviors Among U.S. Young Adults

The prevalence of suicidal behaviors—including ideation, plan, and attempt—among US young adults ages 18 to 25 has increased from 2009 to 2015, marking a national upward trend. A study published in this month’s *Journal of the American Academy of Child & Adolescent Psychiatry* notes that the most significant upward trend is in suicidal ideation among non-Hispanic whites and those with major depressive episodes (MDE) diagnosis, among overall young adults with suicide plans, and in suicide attempts among those without MDE.

Researchers from the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA) of the National Institute of Health (NIH), and National Institute of Mental Health (NIMH) examined the following:

- national trends in the 12-month prevalence of suicidal ideation and attempt among US adults;
- variance among these national trends by sociodemographic factors (ex. age, gender, race/ethnicity, family income, marital status, health insurance, employment status, and school/college enrollment) and mental health or substance use conditions; and
- trends in the 12-month prevalence of young adults with suicidal behavior who utilized mental health care.

Lead authors, Beth Han, MD, PhD, of SAMHSA and Wilson Compton, MD, MPE, of NIDA, analyzed data of 145,800 young adults who participated in the 2009 to 2015 National Surveys in Drug Use and Health and found the following trends in suicidal behaviors.

### Suicidal Ideation

The study found that the 12-month prevalence increased from 6.1 percent in 2009 to 8.3 percent in 2015. Examining age groups, ideation for 18- to 20-year-olds increased from 7 percent to 10 percent, and 5.4 percent to 7.3 percent for 21- to 25-year-olds. For sociodemographic variances, suicidal ideation increased from 5 percent to 7.2 percent for males and 7.1 percent to 9.4 percent for females, and 6.1 percent to 9 percent for non-Hispanic whites. For major depressive episodes (MDE), suicidal ideation increased from 34.2 percent to 38.1 percent from 2009 to 2015. For those receiving mental health treatment, ideation increased from 19 percent to 25.5 percent versus 4.4 percent to 6 percent for those not seeking mental health treatment.

### Suicide Plans

The 12-month prevalence of young adults with a suicidal plan had an overall upward trend from 2009 to 2015 (2 percent to 2.7 percent). The most notable upward trend was found among those seeking mental health treatment (7.8 percent to 10.6 percent), whereas those not under mental health care saw a slight increase (1.2 percent to 1.6 percent). Other subgroups that saw a significant upward trend were individuals age 18 to 20 years (2.5 percent to 3.6 percent) and women (2.3 percent to 3.2 percent).

### Suicide Attempt

For young adults the 12-month prevalence showed less than a one percent increase (1.1 percent in 2009 to 1.6 percent in 2015). Those with alcohol use saw the largest increase (2.7 percent to 4.2 percent). The study found that study recipients receiving mental health treatment remained unchanged. Suicide attempt for those without MDE saw an upward trend (0.4 percent to 1 percent) and those with MDE remained high from 2009 (9.5 percent) to 2015 (7.3 percent), but saw a slight decrease. The 12-month average prevalence of those receiving mental health treatment was 36.2 percent among suicidal young adults.

The researchers conclude that effective efforts to reduce suicidal behaviors among young adults should include a policy, educational, and community-based framework that promotes positive messaging about mental health services.

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**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](https://www.nasmhpd.org/) 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/](https://www.nasmhpd.org/)

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
Post-Doctoral Training

The Johns Hopkins Bloomberg School of Public Health Mental Health Services and Systems T32 Training Program Invites Applicants for 1-Year and 2-Year Post-Doctoral Fellowships That Begin in Spring or Summer 2018

Applications are Due January 15, 2018

The T32 selection committee is seeking one to two highly qualified post-doctoral Fellows with some prior exposure to the field of mental health services and systems. This program will produce researchers who can address critical gaps in knowledge with a focus on: (1) how health care services, delivery settings, and financing systems affect wellbeing of persons with mental illness; (2) how cutting-edge statistical and econometric methods can be used for studying how interventions, policies, and programs can be used to improve care; and (3) how implementation science can be used to most effectively disseminate evidence-based advances into routine practice.

This new training program is funded by the National Institute of Mental Health, and represents collaboration between the Department of Health Policy and Management and the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health with a close affiliation with the Johns Hopkins School of Medicine.

Depending on prior training, post-doctoral trainees will participate in limited coursework, a bi-weekly training grant seminar, and a year-long integrative experience. Since the main goal of this new Postdoctoral Fellowship program is to train scholars who will become leaders in the mental health services and systems research field, there is considerable protected time for scholarship and publication, and many opportunities for research collaboration. Commitment to the field of mental health services and systems is a core qualification and component of the training program.

For more information about being a post-doctoral fellow at Johns Hopkins Bloomberg School of Public Health, click here.

Apply Now

To apply, please send the following to the attention of the training program Directors, Drs. Colleen Barry (cbarry@jhu.edu) and Elizabeth Stuart (estuart@jhu.edu):

- Cover letter
- CV
- Three letters of reference
- Copy of graduate transcript
- Writing sample
- A personal statement (600 word max)

The Johns Hopkins University is an equal opportunity/affirmative action employer committed to recruiting, supporting, and fostering a diverse community of outstanding faculty, staff, and students. All applicants who share this goals are encouraged to apply.
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
- Liz Beaven, Provost, California Institute Of Integral Studies
- Erran Berger, LinkedIn VP, Consumer Engineering
- 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 this first webinar, held on January 3, can be accessed at: [https://ahpnet.adobeconnect.com/pi0xzoqvxq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false](https://ahpnet.adobeconnect.com/pi0xzoqvxq0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false)

**Upcoming Sessions**

**January 17, 2018: 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.

**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)
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

Opioid Safety/Naloxone Webinar Opportunities

The California Department of Health’s Prescription Drug Overdose Prevention Initiative is partnering with the Harm Reduction Coalition to present a free, two-part webinar series about Naloxone. **Registration deadline is January 5.**

**Part I: Overdose Education and Naloxone Distribution**
*Tuesday, January 9, 10:00 a.m. to 11:30 a.m. Pacific Time*

**Register HERE**

**Part II: Implementing Naloxone Distribution Systems**
*Wednesday, January 10, 1:30 p.m. to 3 p.m. Pacific Time*

**Register HERE**

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**Be Heard.**

#NATCON18

April 23-25, 2018 | Washington, DC

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.

SAMHSA’s Service Members, Veterans, and their Families Technical Assistance Center Presents: Strategies for Pain Management and the Prevention of Opiate Misuse Among Service Members, Veterans, and their Families

January 10, 2 p.m. to 3:30 p.m. ET

Throughout the country, communities are striving to address the effect of serious pain in service members, veterans, and their families (SMVF) by offering prevention, treatment, and recovery alternatives, while simultaneously confronting the public health demands of the opioid crisis. As communities work to achieve these goals, the role that pain management and opioid use play in the lives of SMVF must be factored into their efforts.

Pain management is an important consideration for many SMVF. The National Institutes of Health cited a recent study that found that “veterans were about 40 percent more likely to experience severe pain than nonveterans.” Because opiate misuse is linked to factors including chronic pain and non-medical use of prescription opioids, community-planning efforts must take into account the unique needs of SMVF. Special consideration must be given to the inter-relationships of opioid misuse and conditions SMVF may experience, such as depression, chronic pain, post-traumatic stress disorder, traumatic brain injury, and suicidal ideation. Coordinated planning and implementation of military-culturally competent, alternative strategies that will address chronic pain and prevent SMVF opioid misuse and addiction are needed.

The SAMHSA SMVF TA Center will conduct a webinar in partnership with the U.S. Department of Veterans Affairs (VA) and RAND, focusing on essential information surrounding the relationship between pain management and opiate misuse and addiction among SMVF. Presenters will also review other compounding factors that SMVF may experience. Strategies will be presented detailing how to support communities in their work to reduce the effects of severe pain, which can contribute to SMVF abuse of opioids. Research on SMVF alternatives for pain management will be included.

Learning Objectives

- Provide an overview of the research that explores the connection between SMVF opioid misuse, pain management, and use of alternative therapies for those with chronic pain
- Review risk factors—including chronic pain, post-traumatic stress disorder, traumatic brain injury, and suicidal ideation—that may be experienced by SMVF and can correlate to an increased incidence of opioid misuse and addiction
- Identify alternative approaches to pain management
- Describe the steps that SAMHSA and the VA are taking to address these interrelated issues
- Provide suggestions, resources, and best practice approaches that communities can use to develop concrete action plans to reduce and prevent SMVF opiate misuse and addiction

Presenters

Elinore F. McCance-Katz, M.D., Ph.D. | Assistant Secretary for Mental Health and Substance Use, SAMHSA
Adam J. Gordon, M.D., M.P.H., F.A.C.P., D.F.A.S.A.M. | Chief, Addiction Medicine Primary Care, Salt Lake City VA Health Care System
Patricia M. Herman, N.D., Ph.D. | Senior Behavioral and Social Scientist; Faculty Member, Pardee RAND Graduate School

Moderator

Donna Aligata, R.N.C. | Project Director, SAMHSA’s Service Members, Veterans, and their Families Technical Assistance Center, Policy Research Associates, Inc.

Target Audience

Representatives serving SMVF from state, territory, and tribal behavioral health systems; health care providers; suicide prevention coordinators; mental health and addiction peers; military family coalitions and advocates.

Register HERE

Please note: Participants will only be able to hear the webinar through their computer via headphones or speakers. Participants should test their system before the broadcast. The webinar archive will be made available to registrants after the webinar. Continuing education units are not available for this webinar.

If you have any questions about your registration, please contact Lisa Guerin at (518) 439-7415, ext. 5242, or by email at lguerin@prainc.com.
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

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

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

Intergovernmental Review (E.O. 12372)
Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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

Eligibility
Eligible applicants include:

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

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

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

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

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

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

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

Register Now

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

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

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

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

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

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

Make a Hotel Reservation
2016 Conference Photos

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

American Association for the Treatment of Opioid Dependence (AATOD), Inc.
212-566-5555 - info@aatod.org
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.
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 8 and 22 - Children’s National Health System

Florida
January 9 & 10 - Florida Department of Children and Families’ Office of Substance Abuse and Mental Health, Jacksonville

Maryland
January 26 - Woodbourne School, Baltimore

Nevada
January 18 & 19 - Nevada Adult Mental Health Services - Dini Townsend Hospital, Sparks

New York
January 18 - Pesach Tikvah Door of Hope, Brooklyn

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

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

Considerations for Systems of Care Leaders in Implementing Continuum of Crisis Response Services

January 17, 2018 at 2:30 p.m. to 4 p.m. ET

Mobile response and stabilization services (MRSS) are key components in many SOCs. They play an important role in preventing emergency room use, psychiatric hospitalization, residential treatment, and placement disruptions among children, youth, and young adults experiencing a behavioral health crisis. This webinar will highlight two best practice programs: NJ and CT, and provide SOC leaders an opportunity to explore the value of MRSS in SOC.

Register HERE

CLC Peer Learning Exchange: Plan Your Work and Work Your Plan Using the CLAS Standards

January 18, 2018 at 2:30 p.m. to 3:30 p.m. ET

This webinar will continue the Cultural and Linguistic Competence Peer Learning Exchange Series on implementing the CLAS Standards. The objective of this webinar is to help participants understand the task of using a strategic planning process that aligns with the CLAS Standards.

Register HERE

CALL FOR PROPOSALS

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 8.
Child and Adolescent Mental Health From 2005 to 2015: A 42% Reduction

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NASMHPD Links of Interest

SUD TOOLS AND RESOURCES, Medicaid.gov, Centers for Medicare and Medicaid Services

MEASURING UP ON MENTAL HEALTH?, Ruth Shim, MD, MPH & Michael T. Compton, MD, MPH,Psychiatric Times, December 21

TRENDS IN CHILDREN’S MENTAL HEALTH SERVICES RESEARCH FUNDING BY THE NATIONAL INSTITUTE OF MENTAL HEALTH FROM 2005 TO 2015: A 42% REDUCTION, Journal of the American Academy of Child and Adolescent Psychiatry, January 2018

RACIAL/ETHNIC DISCRIMINATION AND MENTAL HEALTH IN MEXICAN-ORIGIN YOUTHS AND THEIR PARENTS: TESTING THE “LINKED LIVES” HYPOTHESIS, Park, I.J.K. PhD et al., Journal of Adolescent Health, January 2018

REASONS FOR VAPING AMONG U.S. 12TH GRADERS, Evans-Polce R.J. PhD et al., Journal of Adolescent Health, January 2018

ON-LINE TOBACCO MARKETING AND SUBSEQUENT TOBACCO USE, Soneji Samir et al., Journal of the American Academy of Pediatrics, January 2018


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

THE ASSOCIATION BETWEEN NATURAL ENVIRONMENTS AND DEPRESSIVE SYMPTOMS IN ADOLESCENTS LIVING IN THE UNITED STATES, BEZOLD C.P., ScD et al., Journal of Adolescent Health, January 2018

POLICY BRIEF: MENTAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM, GLOBAL ALLIANCE FOR BEHAVIORAL HEALTH AND SOCIAL JUSTICE, January 2018

THE PUBLIC AND THE OPIOID ABUSE EPIDEMIC, Robert J. Blendon, ScD & John M. Benson MA, New England Journal of Medicine, January 3