SAMHSA FOA Invites Applications to Create Center of Excellence for Protected Health Information Related to Mental and Substance Use Disorders

In a July 19 hearing before the House Energy and Commerce Committee Health Subcommittee on Examining the Implementation of Mental Health Initiatives under the 21st Century Cures Act, Assistant Secretary Elinore McCance Katz revealed that the Substance Abuse and Mental Health Substances Administration (SAMHSA) has issued a Funding Opportunity Announcement seeking an entity to serve as a Center of Excellence for Protected Health Information Related to Mental and Substance Use Disorders.

FOA TI-18-021, issued July 18, seeks a domestic private or public nonprofit entity to serve as a Center of Excellence to develop and disseminate training, technical assistance, and educational resources for healthcare practitioners, families, individuals, states, and communities on various privacy laws and regulations as they relate to information about mental health and substance use disorders. The laws that would be addressed include the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 the regulations governing disclosure of patient substance use disorder treatment information. The Center will also address the intersection of these laws and regulations with other privacy laws such as the Family Education Rights and Privacy Act (FERPA).

SAMHSA says in the FOA that, although necessary for the protection of individuals, privacy regulations and laws are often complex and not easily interpreted. These regulations often create confusion for both practitioners and those seeking/receiving treatment. In many cases, these regulations are interpreted too stringently such that critical information from families, individuals or other healthcare practitioners is withheld leading to potential negative consequences. This project aims to address the complexity of these regulations through providing easily understood resources and training materials to simplify the interpretation and implementation of these regulations.

The anticipated start date for the Center is September 30, 2018. Responses to the FOA are due August 17. Anticipated funding for the Center is $1 million per year for five years, and no match would be required of the selected entity.

The Center will be expected to:

- provide up-to-date resources and information on privacy laws and regulations as they relate to mental and substance use disorder data and information. These resources must simplify the regulations for ease of interpretation and implementation;
- provide publicly available on-demand virtual training as well as other training approaches on the implementation of privacy rules and regulations;
- provide training material which clearly simplifies 42 CFR Part 2 regulations, improves ease of understanding privacy requirements related to 42 CFR Part 2, and ensures that practitioners have an understanding of what the law does and does not require. These materials must be geared to address the fact that many practitioners and/or their legal counsel may overly interpret the regulations and create burdensome practices for themselves as a result;
- provide training aimed specifically at families and the rights of families to appropriately gain information on a loved one’s care and treatment;
- provide specific training and information for individuals receiving care and treatment for mental and substance use disorder conditions to enable them to easily understand the privacy rules that apply to their care;
- provide resources and training related to the intersection of HIPAA and FERPA and disseminate these resources to states, communities, schools, and educators;
- ensure all resources are made easily available to the public. States and communities must easily be able to access resources, training, and technical assistance; and
- work collaboratively with SAMHSA and the Office of Civil Rights to determine correct interpretation of privacy laws and their application.

As additional evidence of SAMHSA’s commitment to ensuring a more widespread and better understanding of mental health and substance use disorder privacy laws, Assistant Secretary McCance-Katz noted to the subcommittee that SAMHSA had run a webinar on HIPAA and 42 CFR Part 2 in the previous week in which 1,000 attorneys—members of the American Bar Association—had participated.
Table of Contents

SAMHSA FOA Invites Applications to Create Center of Excellence for Protected Health Information Related to Mental and Substance Use Disorders

Suicide Planning Intervention Plus Follow-Up Calls Reduces Future Attempts in Emergency Department Patients

August 21 SAMHSA/CMHS-Sponsored Webinar: Supporting Students Experiencing Early Psychosis in Middle School and High School

July 25 SAMHSA-Sponsored Webinar: Developing and Delivering Effective Suicide Prevention Messaging

October 7 National Meeting in Boston on Advancing Early Psychosis Care in the United States

Crossroads of Serious Mental Illness and Homelessness Spotlight Series of Webinars (July 26 – August 17)

July 2018 Special Edition of the IIMHL/IIDL BI-MONTHLY UPDATE is Focused on Children and Youth

July 23 National Council-Sponsored Webinar: Staff Self-Care in Crisis Response and Suicide Prevention

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

SAVE THE DATE: NASMHPD Annual Commissioners Meeting July 29 to July 31

Uniformed Services University National Center for Disaster Medicine and Public Health Disaster Health Core Curriculum

Register for the University of Maryland Training Institutes, July 25 - 28


July 25 SAMHSA-Sponsored Webinar- Addressing Trauma and PTSD in First Episode Psychosis

2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

August 15-17 National Association of State Health Policy Conference

August 9 SAMHSA-Sponsored Webinar - Emerging Best Practices for People with an Intellectual/Developmental Disability Co-Occurring with Mental Illness

Announcing Creation of the Older Veterans Behavioral Health Resource Center


TA Network Webinars

Call for Presentations for November 1 through 3 National Federation of Families for Children’s Mental Health Conference

SAVE THE DATE – September 2019 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC

August 7 & 14 2-Part SAMHSA-Sponsored Webinar: Mental Health Block Grant Needs Assessment

Center for Trauma-Informed Care Trainings

SAMHSA Funding Opportunity Announcement – Center for Eating Disorders

HRSA Funding Opportunity Announcement: Pediatric Mental Health Care Access Program

SAMHSA Funding Opportunity Announcement: State Opioid Response Grants

SAMHSA Funding Opportunity Announcement: Tribal Opioid Response Grants

Technical Assistance on Preventing the Use of Restraints and Seclusion

Technical Assistance Opportunities for State Mental Health Authorities

July 24-26 Georgetown University Health Policy Institute Center for Children and Families Annual Conference in D.C.

New SAMHSA-Sponsored CME Course: Clozapine as a Tool in Mental Health Recovery

NADD Nominations Sought by August 31 for Annual Awards

SAMHSA-Sponsored Recovery to Practice Two-Part Initiative on Recovery-Oriented Use of Medications
Suicide Planning Intervention Plus Follow-Up Calls Reduces Future Attempts in Emergency Department Patients

Suicide attempts by Emergency Department (ED) patients who were administered a safety planning intervention before discharge and who received follow-up phone calls after discharge reduced future attempts by half, and those individuals were more than twice as likely to engage in mental health treatment during the six-month follow-up period, according to a new study published online July 11 in JAMA Psychiatry.

The study's lead authors, Barbara Stanley, PhD, of Columbia University, and Gregory Brown, PhD, of Perelman School of Medicine at the University of Pennsylvania, developed a cohort comparison design with six-month follow-up at nine EDs (five intervention sites and four control sites) in Veterans Health Administration hospital EDs. Data was collected between 2010 to 2015 and analyzed between 2016 and 2018. The intervention sites administered a suicide planning intervention and follow-up telephone calls.

The suicide planning intervention is a brief clinical intervention composed of evidence-based strategies to reduce suicidal behavior through a prioritized list of coping skills and strategies.

The suicide planning intervention is composed of six steps:

1. Identifying tailored-specific warning signs for an impending suicide crisis;
2. Determining internal coping strategies that distract from suicidal thoughts and urges;
3. Identifying support networks who are able to distract from suicidal thoughts and urges, and identify social places that provide the opportunity for interaction;
4. Identifying individuals who can help provide support during a suicidal crisis;
5. Providing the opportunity for interaction;

The telephone follow-up is comprised of at least two telephone calls to monitor suicidal behaviors, evaluate and revise the suicide planning intervention, and encourage treatment adherence. Telephone contacts were made within 72 hours of discharge by either a social worker or psychologist. Follow-up outreach continued weekly, but was generally discontinued after at least 2 calls if the patient had at least 1 outpatient behavioral health appointment or no longer wished to be contacted.

In contrast, the control sites provided usual care, which varied between the four sites. Typically a nurse or social worker conducted an initial assessment, followed by a secondary evaluation by an ED physician. Patients discharged were usually given an outpatient appointment or information about psychiatric care if they declined the referral at discharge.

A total of 1640 patients were included in the study (1186 in the intervention group and 454 in the comparison group). The suicide planning intervention plus follow-up calls were associated with a 45 percent fewer suicidal behaviors, thereby reducing the odds of suicidal behavior over six months (odds ratio, 0.56; 95% CI, 0.33-0.95, P = .03). In addition, the intervention group had more than double the odds of engaging in at least 1 outpatient mental health visit (odds ratio, 2.06; 95% CI, 1.57-2.71; P < .001).

The researchers concluded that the study's findings indicate that suicide planning intervention may be a cost-effective and low-burden suicide prevention strategy to implement in healthcare settings, including EDs, when outreach to prevent future suicide attempts is elevated following ED discharge.

SAMHSA-Sponsored Webinar from the Center for Mental Health Services (CMHS)
Supporting Students Experiencing Early Psychosis in Middle School and High School
Tuesday, August 21 – 2:00 p.m. to 3:00 p.m. E.T.

Presented under Contract by the National Association of State Mental Health Programs and the NASMHPD Research Institute

Although psychosis typically emerges in late adolescence or early adulthood, some individuals begin to experience psychosis or other early serious mental illness while still in middle school or high school. This webinar will describe strategies to:

- Identify and support students with psychosis in schools
- Provide educational accommodations and modifications to facilitate school success
- Understand and address safety concerns
- Partner across students, families, and community mental health providers to support treatment and recovery for students experiencing psychosis

This webinar is intended for 1) student instructional support personnel, including school psychologists, social workers, counselors, nurses, and community-partnered school mental health professionals; and 2) staff from First Episode Psychosis programs that are planning or engaging in outreach with middle schools and high schools.

Presenters include:

- Jason Schiffman, Ph.D., Professor of Clinical Psychology, University of Maryland, Baltimore County (UMBC). Dr. Schiffman’s research and clinical work focuses on early identification and treatment of youth at risk for psychosis and reduction of stigma against people with serious mental health concerns.
- Sharon Hoover, Ph.D., Associate Professor of Child and Adolescent Psychiatry, University of Maryland School of Medicine and Co-Director, National Center for School Mental Health. Dr. Hoover’s work focuses on implementing evidence-based mental health supports and services in schools.

Register HERE
When publicly communicating about suicide, it’s important to:
- highlight the solutions—rather than the problems;
- reinforce suicide is preventable;
- make sure data – if used—are strategic, safe and prevention-focused; and
- emphasize the role the public has in being there for others who are struggling or in crisis.

Messaging matters! Communications can be a powerful tool to promote resiliency, encourage help-seeking, publicize prevention successes, and encourage actions that help prevent suicide. It is critical to ensure that messages coming from the suicide prevention messengers are accurate, safe and effective so that they also shape and transform the public conversation. Positive and safe messaging can help individuals in crisis find the help they need and educate the public about how they can be involved in preventing suicide.

Research that shows the public is supportive of suicide prevention, but is less clear about how to take action. In addition to using best practices when crafting public messaging, it’s also essential your messages include a focus on how the public can take action to save lives.

As you begin planning ahead for Suicide Prevention Month/Week in September, the National Action Alliance for Suicide Prevention – the nation’s public-private partnership with over 250+ partner organizations – invites you to a webinar focused on suicide prevention messaging. The Action Alliance is committed to convening its various partners (both within the public and private sectors) to leverage opportunities for collaboration and alignment, which is why we will be uniting the field around a shared messaging effort in September to make an even bigger, coordinated impact and reach more people about the role the public has in preventing suicide.

The webinar will provide:
- Tips and guidance about messaging to the public
- Guidance about how you can be a more effective suicide prevention messenger
- An understanding of how to incorporate #BeThere messaging into your current efforts

Presenters: Mark Weber, Deputy Assistant Secretary for Public Affairs/Human Services, U.S. Department of Health and Human Services, Executive Committee and Changing the Conversation Priority Initiative Member, Action Alliance
Dr. April Foreman, Suicide Prevention Coordinator, Southeast Louisiana Veterans Health Care System, Department of Veterans Affairs, Changing the Conversation Priority Initiative Member, Action Alliance
Facilitator: Kimberly Torguson, Associate Director of Communications, National Action Alliance for Suicide Prevention

To request closed captioning for this webinar, please email Chelsea Pepi by Monday, July 16, 4:30 p.m. E.T.

National Meeting on Advancing Early Psychosis Care in the United States
Pre-Conference Kick-Off for the 11th Conference of the International Early Psychosis Association
Westin Copley Place
10 Huntington, Avenue, Boston, Massachusetts
Sunday, October 7, 8:30 a.m. to 3:30 p.m. E.T.

We invite you to register to attend a national meeting on Advancing Early Psychosis Care in the United States! The cost to attend is $150 if you register by September 6.

This meeting will serves as a pre-conference and kick-off for the 11th Conference of the International Early Psychosis Association. Social workers, psychologists, counselors, and nurses can earn 5 continuing education credits for $50

This is an opportunity to be part of the conversation about the work we all do. You will get to talk with people from all over the country who are working to develop and maintain first episode psychosis programs in their communities, and also hear from the national and international leaders who are shaping and supporting the field. More than 140 people have registered so far – but don’t worry, the Westin has plenty of space.

Finally, many of you may wish to stick around for the main conference and understand the really big picture of how international research is shedding new light on the causes of and treatments for mental illness. Those who attend the FEP meeting will be eligible to receive a discounted “group rate” on IEPA conference registration.
The Crossroads of Serious Mental Illness and Homelessness Spotlight Series

Though most people who experience homelessness do not suffer from a serious mental illness (SMI), SAMHSA data indicates that between 20 and 25 percent of people experiencing homelessness also have an SMI. Join us for a three-part introductory series aimed at helping those working with people experiencing homelessness to better understand SMI. The series will be moderated by David Miller, M.P.A., project director with the National Association of State Mental Health Program Directors (NASMHPD).

Register for all 3 webinars here: https://ahnet.adobeconnect.com/eqhxulis4vjm/event/event_info.html

Thursday, July 26, 2018 (3:00-4:30 p.m. EDT): An Introduction to Common SMIIs among People Experiencing Homelessness
This session will provide an overview of serious mental illness, diagnoses and symptoms commonly seen among people experiencing or at high risk of homelessness.

Brian R. Sims, M.D., Senior Medical Advisor, National Association of State Mental Health Program Directors (NASMHPD)
Linda Kaufman, M.Div., Director of Homeless Services, Downtown Business Improvement District

Friday, August 3, 2018 (12:00-1:30 p.m. EDT): An Introduction to Psychotropic Medication
This session will discuss common medications used to address SMIIs, their effects and side-effects.

Brian R. Sims, M.D., Senior Medical Advisor, NASMHPD
Heidi J. Wehring, Pharm.D., BCPP, Assistant Professor of Psychiatry, Maryland Psychiatric Research Center
Chandler Coggins, M.S.W., Lead Recovery Specialist, Mental Health America of Northeast Florida

Friday, August 17, 2018 (3:00-4:30 p.m. EDT): Strategies for Successful Connection and Treatment
This session will introduce evidence-based practices and clinical interventions used to engage and treat people with SMI and will showcase recovery-oriented cognitive therapy (CT-R).

Laurie C. Curtis, M.A., CPRP, Senior Program Manager, Advocates Human Potential, Inc.
Paul Grant, Ph.D., Research Assistant Professor of Psychology in Psychiatry at Perelman School of Medicine, University of Pennsylvania
Stephanie Merc, Peer Engagement Specialist, Eliot Community Human Services

Ellen Inverso, Psy.D., Director of Clinical Training and Education of the Beck Recovery Training Network at the Aaron T. Beck Psychopathology Research Center

These webinars have been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1.5 continuing education hours. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.
IIMHL organizes systems for leaders to share innovations, network and problem solve across countries and agencies. The overall aim is to promote mental health and well-being for everyone. This includes developing leaders who can create the best possible conditions for mental health in all sectors across the life-span. Equally, it includes developing leaders who can deliver the best possible outcomes for people who use mental health and addictions services and their families.

Update facilitates the rapid transfer of new knowledge through sharing information about upcoming Leadership Exchanges, as well as key national documents, training and webinars.

Please feel free to share this e-bulletin with others and we would be delighted if you would join us on Facebook.

**Webinar Opportunity**

**Staff Self-Care in Crisis Response and Suicide Prevention**  
*Monday, July 23 – 2:00 p.m. to 3:30 p.m. E.T.*

Sponsored by the National Council on Behavioral Health

Crisis centers face high staff turnover due to compassion fatigue, vicarious trauma and burnout. This is costly and can decrease the quality of suicide prevention care. For organizations to have healthy, dependable, successful staff that deliver exceptional care, they need to develop a staff self-care program that mitigates the effects of crisis response. Luckily, there are tools, resources and examples available from other organizations.

Attend the “Staff Self-Care in Crisis Response and Suicide Prevention” webinar on Monday, July 23 from 2 – 3:30 p.m. ET. After this webinar, you will better understand the importance of self-care for crisis workers and the potential impact of ignoring it, as well as their special needs and how to address them. You will hear from National Suicide Prevention Lifeline staff who will demonstrate Lifeline’s tools and resources to address staff self-care. Finally, organizations who have successfully addressed these issues will discuss their experiences.

**Presenters:**

- Cheryl Sharp, MSW, ALWF – Consultant, Trauma-Informed Services and Suicide Prevention, National Council for Behavioral Health
- Matt Taylor, MA – Program Manager, Network Development, National Suicide Prevention Lifeline
- Rebecca Zeitlin, AMFT – Assistant Program Director, Didi Hirsch Mental Health Services
- Beth Brady, LAC – Director, Training and Public Relations, Crisis Response Network

[Register HERE](#)

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

**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](#).
JUST ONE WEEK AWAY: NASMHPD ANNUAL 2018 COMMISSIONERS MEETING
Sunday, July 29 – Tuesday, July 31
Westin Arlington Gateway Hotel, 801 North Glebe Road, Arlington, Virginia 22209

This year’s meeting will be a meeting of State Mental Health Commissioners/Directors and will build on the previous year’s concept of Beyond Beds and intersect with the recommendations in the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) report.

In addition, we are delighted that Tuesday, July 31 will be in partnership with Westat and will focus on the Social Security Administration’s 20-state Supported Employment Demonstration. This important study will determine if providing evidence-based mental health and vocational services to individuals who have applied for and been denied Social Security disability benefits (SSI or SSDI) leads to better outcomes. Applicants denied benefits are at high risk for disability, and the goal of the Demonstration is to help them find jobs and avoid long-term disability.

Further details on registration for the NASMHPD Annual 2018 Commissioners Meeting and other logistics will be provided in the near future. In the meantime, if you have any questions, please contact Meighan Haupt at meighan.haupt@nasmhpd.org.

DISASTER HEALTH CORE CURRICULUM

The Uniformed Services University National Center for Disaster Medicine and Public Health is proud to announce a free, eight-hour, online Disaster Health Core Curriculum for All Health Professionals intended for a wide range of health care professionals.

The course consists of eleven, 30-minute to one-hour online training lessons covering a variety of disaster health topics such as personal or family preparedness, communication, ethical and legal issues encountered in disasters, and much more.

This curriculum is free and designed to be taken in pieces or as a whole to be flexible for our busy healthcare professional learner.

The foundation of this curriculum is the Core Competencies for Disaster Medicine and Public Health.

Click Here to Access the Lessons

EARLY BIRD REGISTRATION NOW OPEN!

The Training Institutes offer an extensive array of sessions designed to provide practical, hands-on training and strategies that can be applied to the systems of care in states, tribes, territories, and communities. 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.

Click HERE for the Agenda

SESSIONS WILL FOCUS ON APPROACHES THAT ARE RELEVANT, ADAPTABLE AND INNOVATIVE WITHIN CRITICAL AREAS IN CHILDREN, YOUTH, AND YOUNG ADULT SERVICE SYSTEMS. 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, RESEARCHERS, AND EVALUATORS.

PREREGISTRATION UNTIL JULY 23 - $925; REGISTRATION AFTER JULY 23 - $1,025

Register HERE
As a policy maker, researcher or practitioner committed to improving the way our communities respond to the mental health issues of their citizens don't miss this challenging and comprehensive event.

Register now for LEPH2018 and hear:

- Professor Sir Michael Marmot deliver the 2018 LEPH Oration on 'Social Justice and Health Inequities'.
- Major sessions on 'Models of law enforcement and mental health collaboration to improve responses to persons with mental illnesses' or 'Working across sectors to develop an evidence based approach to mental health policing and distress in Scotland'
- Tom Stamatakis' timely paper addressing the 'The mental health of police personnel should be recognized as a 'mission critical' priority

Or participate in a session charged with 'Crossing the divide: searching for innovations in learning between criminal justice and public health'.

And much more - see the DRAFT PROGRAM at www.leph2018toronto.com/program

Register HERE

---

SAMHSA-Sponsored Webinar from the Center for Mental Health Services (CMHS)
Addressing Trauma and PTSD in First Episode Psychosis Programs

July 25 – 12:30 p.m. to 2:00 p.m. E.T.

A significant percentage of clients with first episode psychosis (FEP) have experienced one or more traumatic events. Determining if and how those traumatic experiences are related to the client’s first episode of psychosis is a critical part of the clinical formulation, and without effective trauma treatment, clients whose mental health has been affected by trauma may be hampered in their recovery. Addressing PTSD and other consequences of trauma in a FEP program require both a trauma-informed organizational culture and effective trauma-specific treatment. This webinar will support FEP providers and program leadership in thinking about how to introduce trauma-informed approaches and effective trauma-specific interventions in their programs.

Presenters:
- Andrea Blanch, Ph.D., Senior Consultant, SAMHSA National Center on Trauma-Informed Care
- Kate Hardy, Clin. Psych.D., Assistant Professor and Director of Inspire Clinic, Stanford University Department of Psychiatry and Behavioral Health
- Rachel Loewy, Ph.D., Associate Professor, UC-San Francisco Department of Psychiatry
- Tara Niendam, Ph.D., Associate Professor, UC-Davis and Executive Director, UC-Davis Early Psychosis Programs

Register HERE
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our Beyond Beds series of 10 white papers highlighting the importance of providing a continuum of care.

Following are links to the reports in the Beyond Beds series.

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

- Cultural and Linguistic Competence as a Strategy to Address Health Disparities in Inpatient Treatment
- Older Adults Peer Support - Finding a Source for Funding
- 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
- Crisis Services' Role in Reducing Avoidable Hospitalization
- Quantitative Benefits of Trauma-Informed Care
- Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014
- The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
- The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
- Forensic Patients in State Psychiatric Hospitals – 1999 to 2016

---

31st Annual State Health Policy Conference

**NASHPCONF18 | August 15-17 | Jacksonville, FL |**

Celebrate the National Association of State Health Policy's (NASHP's) 31st Annual State Health Policy Conference. Planned by state health policymakers, for state health policy makers, NASHP's annual event is a "must-attend" for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, our conference brings together the nation's leading experts to share, learn and discuss.

**The Top Five Reasons to Attend #NASHPCONF18**

1) **Informative sessions cover the nation’s most crucial health policy issues.** #NASHPCONF18 is designed by state health policy makers for state health policy makers to explore the most up-to-date health care developments and initiatives in the United States. With 25+ thoughtfully-crafted sessions addressing the issues most important to you, as well as full-day pre-conferences that offer a deep dive into targeted topics, you'll gain critical insights into the latest advances, changes, programs, and innovations in state health policy.

2) **Outstanding networking opportunities.** Our conference offers non-stop opportunities to network with more than 800 state health policy leaders from across the country. Join conference roundtables to discuss best practices and solutions to pressing issues with a small group of your peers, attend the networking breakfast or Blueberry Break to socialize with colleagues, or mix business with pleasure at our two evening events!

3) **They're not just speakers... They're industry thought leaders.** Our #NASHPCONF18 speakers are among the most distinguished and respected thought leaders in state health policy. Conference speakers will address a host of topics covering current and important issues, including health care costs, workforce, chronic care, stabilizing the individual market, social determinants of health and much more!

4) **Exclusive access to the newest technology and business intelligence.** NASHP’s exclusive exhibit hall offers a diverse group of exhibitors who are all eager to present you with the latest and greatest innovative ideas and smart solutions to help you achieve your goals.

5) **Discover Jacksonville, Florida.** Named to Expedia’s list of 21 Super Cool Cities in the U.S., Jacksonville is the perfect destination for both relaxation and adventure. With 22 miles of beaches, dining options that range from elegant bistro to local seafood shacks, more than 20 craft breweries, a sprawling arts district, wildlife sanctuary, and so much more, there is always something to do no matter what your mood. Enjoy the beautiful views of the St. Johns River while attending #NASHPCONF18 and experience all that this super cool city has to offer!
SAMHSA-Sponsored Webinar

Emerging Best Practices for People with an Intellectual/Developmental Disability Co-Occurring with Serious Mental Illness

Thursday, August 9, 1:30 p.m. to 2:30 p.m. E.T.

This webinar is intended to provide information about emerging best practice in serving individuals who have mental illness co-occurring with an intellectual/developmental disability. The session will cover clinical practices and illustrate an inter-systems model of care for this underserved population.

The outline below is intended to provide information on the content of the webinar.

I. What is NADD
   a. 501(c)3 membership organization
   b. Provides training, consultation, journals, book publishing, accreditation and certification

II. Clinical Practices
   a. Assessment practices
      i. Assessment requires gathering information from multiple sources
      ii. Obtain data from family collaterals and the team. This can be a case-management function
      iii. Relevant information to be organized into a 3-5 page document
   b. Diagnostic Practices
      i. Employ a bio-psycho-social model
      ii. Developmental perspective
      iii. Use of the DM-ID-2
   c. Adapting Psychotherapy Practices
      i. Principles of psychotherapy do not change, but approaches need to be modified
      ii. Nine (9) adaptations to psychotherapy practices will be addressed

III. An Inter-System Model
   a. The inter-disciplinary approach within the context of an inter-system model is a “best practice” within a person-centered approach to planning for an individual
      i. “The team” encompasses the person/family, representatives of IDD and MH fields and others
      ii. Using a system of care model for children and adults
         1. The right people at the table

Presenter:
   • Dr. Robert J. Fletcher, Founder & CEO Emeritus, NADD – an association for persons with developmental disabilities and mental health needs. His vision and leadership have brought NADD to a position where it is recognized as the world’s leading organization in providing educational resources, conferences, trainings, consultation services, as well as accreditation and certification programs in the field of dual diagnosis.

Moderator:
   • Lynda Gargan, Ph.D., Executive Director, National Federation of Families for Children’s Mental Health

Register [HERE](#)

Closed Captioning is Available for this Webinar
We do not offer CEU credits. However letters of attendance are offered upon request.
Older Veteran Behavioral Health Resource Inventory:
New VA Resource Aims to Address Unique Needs of Veterans

The Older Veteran Behavioral Health Resource Inventory provides an overview of resources for health and social service professionals interested in enhancing their outreach and support for older veterans who have or are at risk for behavioral health conditions.

The inventory, as well as other useful resources for professionals working with veterans, are available through the VA Community Provider Toolkit.

This resource was created as part of a partnership on meeting the mental health needs of aging Veterans. This partnership included the:

- Veteran Benefits Administration (VBA)
- Administration for Community Living (ACL)
- Center for Medicare and Medicaid Services (CMS)
- Office of Minority Health (OMH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Council on Aging (NCOA)

---

TA Network Webinars

Cultural and Linguistic Competence Peer Learning Exchange – Lessons from the Field: Implementing Behavioral Health Equity Programs

Thursday, August 9, 2:30 p.m. to 3:30 p.m. E.T.

This webinar will be an opportunity to share and discuss what we have learned implementing various behavioral health equity programs, including the CLAS Standards.

Presenter: Catalina Booth, Executive Director, Center for Community Learning, Inc.

REGISTER HERE

Preparing Young People for Workplace Success

During a recent webinar discussion, experts from the Annie E. Casey Foundation and Child Trends examined new ways to help prepare young people for workplace success. The session focused on Positive Youth Development — an approach that helps organizations create environments where young people can advance their skills while cultivating connections to school, family, work and community.

The panelists also touted a new assessment instrument, the PILOT Tool. Developed by Child Trends, a nonprofit research center dedicated to improving outcomes for children, the Pilot Tool helps workforce development organizations apply Positive Youth Development strategies to set the stage for youth success.

WATCH NOW

Youth Risk Behavior Survey Data Summary & Trends Report – 2007 to 2017

This report from the Centers for Disease Control and Prevention (CDC) focuses on four priority areas: sexual behavior, high-risk substance use, violence victimization, and mental health. The results help in understanding the factors that contribute to the leading causes of illness, death, and disability among youth and young adults.
The National Federation’s Annual Conference brings together family members, young adults, and professionals and focuses on current issues and trends pertaining to children’s mental health, from the perspective of a family-driven and youth-guided approach.

Join hundreds of mental health advocates and professionals from across the nation to share your expertise in:

- Family and Caregiver Support
- Supports for Special Populations
- Collaboration and Integration of Services Across Multiple Systems
- Trauma Informed Care
- Research to Practice
- Engaging Youth and Young Adults
- Organizational Development and Sustainability
- Evidence Based Practices
- Parent Peer Support Today or Providing Services and Outreach in the Digital Age

Early Bird registration rates apply for presenters! There is also still time to be a conference exhibitor or sponsor. Learn more here.

Submit Your Presentation HERE

National Federation of Families for Children’s Mental Health

SEPT 9-13 2019
CAPITAL HILTON WASHINGTON D.C., USA
SAVE the DATE
Leading the Way Forward: Access, Accountability and Action
International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) Leadership Exchange

NFFCMH
Not For Profit
Children's Mental Health

NASMHPD
National Association of Social Workers: Mental Health Practice

IIDL
International Initiative for Disability Leadership

HHS
Long-term Care Access and Accountability

SAMHSA
Substance Abuse and Mental Health Services Administration

12
Two-Part SAMHSA Center for Mental Health Services-Sponsored Webinar
Mental Health Block Grant Needs Assessments
Tuesday, August 7 – 2:00p.m. to 3:00 p.m. E.T.
Tuesday, August 14 – 2:00p.m. to 3:00 p.m. E.T.

State needs assessments form the basis of an effective, sustainable Mental Health Block Grant State Plan. This 2-part webinar series focuses on:

1) strategies to develop an effective needs assessment, specific domains of need, and resources to support this work; and
2) using a needs assessment to articulate specific goals, objectives, strategies, and performance indicators in the State Plan.

Presenter: Molly Brooms, M.A., Retired State Planner and Director of Mental Illness Community Programs, Alabama Department of Mental Health

Register HERE for Part 1, Conducting State Needs Assessments: What, Why, and How (August 7)
Register HERE for Part 2, Using State Needs Assessments to Define State Plan Priorities, Goals, and Performance Measures (August 14)

CENTER FOR TRAUMA-INFORMED CARE

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

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

SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENT

Center of Excellence for Eating Disorders (SM 18-021)

Funding Mechanism: Grant
Anticipated Award Amount: up to $750,000
Cost-Sharing or Matching Requirement: No

Anticipated Number of Awards: 1 Award
Anticipated Total Available Funding: $750,000 per year
Length of Project: 5 years

Closing Date for Applications: August 17, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2018 Center of Excellence (CoE) for Eating Disorders (Short Title: CoE-ED). The purpose of this program is to establish one National Center of Excellence to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing eating disorders. It is expected that the grantee will facilitate the identification of model programs, develop and update materials related to eating disorders, and ensure that high-quality training is provided to health professionals.

Addressing and treating eating disorders is a critical component of mental health care. Many individuals across the country, particularly women, face the challenges of dealing with an eating disorder in their lifetime. According to the National Institute of Mental Health, 0.5 percent to 3.7 percent of females have anorexia nervosa; approximately 1 percent of female adolescents have anorexia nervosa. Additionally, 1.1 percent to 4.2 percent of women have bulimia nervosa in their lifetime.

Eligibility: Eligible applicants are domestic public and private nonprofit entities.

Contact:           Program Issues: Tracy Pogue, at (240) 276-0105 or by email at Tracie.pogue@samhsa.hhs.gov.
Grants Management and Budget Issues: Gwendolyn Simpson at (240) 276-1408 or FOACMHS@samhsa.hhs.gov.
The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Pediatric Mental Health Care Access Program. The purpose of this program is to promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.

For purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

For purposes of this funding opportunity, a pediatric mental health care telehealth access program for which funding may be used, will be required to perform the following activities—

(A) be a statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;

(B) support and further develop organized state or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;

(C) conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers’ preferred mechanisms for receiving consultation, training, and technical assistance;

(D) develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;

(E) provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers;

(F) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;

(G) provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers, or mental health counselors as well as assisting with scheduling and conducting technical assistance;

(H) assist with referrals to specialty care and community or behavioral health resources; and

(I) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanding the capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

Eligibility: State governments
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Native American tribal governments (Federally recognized)

Additional Information on Eligibility: States, political subdivisions of states, and Indian tribes and tribal organizations (for purposes of this section, as defined in § 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)).

HRSA has scheduled the following technical assistance:
Webinar Day and Date: Friday, July 27, 2018
Time: 2 p.m. to 3 p.m. ET
Call-In Number: 1-888-600-4866 Participant Code: 556514
Web link: https://hrsa.connectsolutions.com/pmhcap_u4c_ta_session/
Playback Number: 1-888-203-1112 Passcode: 1390598

Contact: Madhavi Reddy, MSPH, Maternal and Child Health Bureau, HRSA at (301) 443-0754 or by email.
The Substance Abuse and Mental Health Services Administration (SAMHS) is accepting applications for fiscal year (FY) 2018 State Opioid Response Grants (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). These grants will be awarded to states and territories via formula. The program also includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.

Grantees will be required to do the following: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths.

The program supplements activities pertaining to opioids currently undertaken by the state agency and will support a comprehensive response to the opioid epidemic. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities as well as community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services. Grantees will also be required to describe how they will advance substance misuse prevention in coordination with other federal efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

State allocations for the Opioid SOR grants are calculated by a formula based on the equal weighting of two elements: the state’s proportion of people with abuse or dependence on opioids (prescription opioids and/or heroin) who need but do not receive treatment (NSDUH, 2015-2016) and the state’s proportion of drug poisoning (overdose) deaths (CDC National Vital Statistics System, 2016). Each State, as well as the District of Columbia, will receive not less than $4,000,000. Each territory will receive not less than $250,000. See below (from Appendix K of the Announcement.) In addition to this base distribution, $142.5 million in funding is being distributed to the ten states with the highest mortality rates due to drug poisoning deaths. This set-aside takes into account the state’s ordinal ranking in the top ten; it is not distributed equally among 10 states.

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.

**ELIGIBILITY:** Eligible applicants are the Single State Agencies (SSAs) and territories. Please note that Tribes will be eligible to apply for opioid response funding under a separate announcement.

**CONTACTS:** Program Issues & Grants Management Issues: Email [OPIOIDSOR@samhsa.hhs.gov](mailto:OPIOIDSOR@samhsa.hhs.gov)
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2018 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

ELIGIBILITY:

An applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization. These entities are defined as follows:

Indian Tribe, as defined at 25 U.S.C. § 1603(14) is any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal Organization, as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

Urban Indian Organization, as defined at 25 U.S.C. § 1603(29), operating pursuant to a contract or grant with the Indian Health Service is a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [25 U.S.C § 1653(a)].

A consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

CONTACTS:

Program Issues & Grants Management Issues: Email OPIOIDTOR@samhsa.hhs.gov.
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.

---

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](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](mailto: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.
CCF Annual Conference

July 24 - 26, 2018
Washington Marriott Georgetown
1221 22nd St NW
Washington, DC 20037

We hope you will join us this year for our Annual Conference, happening July 24-26, 2018! The conference will be located at the Washington Marriott Georgetown (1221 22nd St NW) in Washington, D.C. We will send more e-mails in the coming months with information on registration and booking hotels. If you have any questions, please reach out to Kyrstin at Kyrstin.Racine@georgetown.edu.

Please note that space is limited and priority is given to state-based children’s advocacy organizations.

New On-Demand Continuing Medical Education (CME) Course:
Clozapine as a Tool in Mental Health Recovery

This one-hour course offers information and resources for physicians, clinicians, and other practitioners serving people experiencing psychotic symptoms who are considering exploring the use of clozapine. Through a "virtual grand rounds," this course will help you better understand the FDA guidelines, which individuals might benefit from clozapine, the risks and benefits of the medication, and how to engage in shared decision-making with individuals about using clozapine.

In this course, you'll meet Robert, a young man with hopes of attending college and becoming a writer, who also struggles with psychotic symptoms. The course will explore the scientific evidence and best practices for how clozapine may be used as a tool to help him move closer to achieving his goals; as well as how to engage with Robert in a strengths-based, recovery-oriented way.

The faculty are national experts in recovery-oriented pharmacology, who present tips on how to engage with individuals experiencing psychotic symptoms and using clozapine as an effective tool to help them move closer to achieving their goals.

**REGISTER HERE!**

**Course Objectives**

After viewing, learners will be able to: explain some of the benefits of initiating clozapine for psychotic symptoms and advancing recovery; articulate how shared decision-making has a role in initiating clozapine; describe the clozapine Risk Evaluation and Mitigation Strategy (REMS); and identify methods for recognizing and managing benign ethnic neutropenia, or BEN, for primary care and psychiatry providers.

*Professionals will receive 1 CME credit for participation in this course. (CME provided by American Academy of Family Physicians.)*
NADD Award Nominations Sought By August 31

NADD presents five awards annually, at the NADD Annual Conference, which this year will be in Seattle, Washington, October 31 to November 2. The deadline for submitting nominations for these awards is August 31.

**Frank J. Menolascino Award for Excellence** - This prestigious award is given annually in the memory of Dr. Frank J. Menolascino to an individual who has demonstrated long standing excellence in the field of dual diagnosis.

**Earl L. Loschen Award for Clinical Practice** - This award is given to a person whose contribution in the area of clinical practice has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities as well as mental health needs.

**NADD “Member of the Year” Award** - This award is given to a person who has supported the mission of NADD through various activities that have resulted in a positive impact on NADD.

**NADD DSP Award for Excellence** - This Award is given annually to acknowledge a Direct Support Professional (DSP) whose contribution to supporting people who live in our communities has resulted in significant improvement in the quality of life for individuals with intellectual and developmental disabilities and mental health needs.

**NADD Research Award** - This award is given to recognize research that improves our understanding of mental health issues in people with intellectual and other developmental disabilities.

Click here for details.

---

**Recovery to Practice (RTP) Initiative invites you to attend. ..**

**Recovery-Oriented Use of Medications:**

**A Two-Part Series**

*Wednesdays, 1:00 p.m. to 2:00 p.m. E.T.*

This final series for Recovery to Practice will look at the role medication can play in an individuals' recovery from serious mental illness, and how programs and providers can support overall health, health literacy, and choice when prescribing and managing medication. Medication is an important tool for someone seeking recovery and is most effective when combined with other tools such as therapeutic interventions, community and family supports, and other recovery approaches.

**Archived: What Non-Prescribing Team Members Need to Know About Medication as a Tool for Recovery**

Kim T. Mueser, PhD, a clinical psychologist and Professor at the Center for Psychiatric Rehabilitation at Boston University and Melody Riefer, MSW, a Senior Program Manager at Advocates for Human Potential will address what non-prescribing team members need to know about person-centered pharmacology, psychotropic medication as a tool for recovery, engaging individuals in decisions about medications, and ways practitioners can help ensure medications help individuals meet personal goals.

**Archived: A Psychiatrist's View: The Role of Medication in a Recovery-oriented Framework for Care**

Lisa Dixon, MD, MPH, a professor of Psychiatry at Columbia University Medical Center and the director of the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute will discuss the importance of including prescribers in decisions about person-centered approaches, understanding how individuals may view the role of medication in their lives, and integrating medication recommendations with holistic healthcare.

Click on the Name of Each Session Above to Register

You may attend one or both the webinars in this series. Registration will be necessary for each session. A one-hour continuing education credit, through NAADAC, is available for each session after completion of a brief quiz. Each session will be recorded and archived for future viewing.

**NAADAC statement:** This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.
NASMHPD Board of Directors

Lynda Zeller (MI), NASMHPD President
Valerie Mielke, M.S.W. (NJ), Secretary
Tracy Plouck (OH), Past President
Thomas Betlach (AZ), Western Regional Representative
John Bryant (FL), Southern Regional Representative
Kevin Moore (IN), At-Large Member
Wayne Lindstrom, Ph.D. (NM), Vice President
Terri White, M.S.W. (OK), Treasurer
Sheri Dawson (NE), Mid-Western Regional Representative
Barbara Bazron, Ph.D. (MD), Northeastern Regional Representative
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Meighan Haupt, M.S., Chief of Staff
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Raul Almazar, RN, M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Genna Bloomer, Communications and Program Specialist (PT)
Cheryl Gibson, Senior Accounting Specialist
Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches
Leah Harris, Peer Integration Strategist
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
Christy Malik, M.S.W., Senior Policy Associate
Stuart Yael Gordon, J.D., Director of Policy and Communications
Kelle Masten, Senior Project Associate
Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Brian R. Sims, M.D., Sr. Medical Director/Behavioral Health
Greg Schmidt, Contract Manager
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Jennifer E. Urff, J.D., Project Director, Training & Technical Assistance
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest


Amid New Hurricane Season, Maria Still Taking a Toll on Puerto Rico’s Elderly, Sarah Varney, Kaiser Health News/PBS NewsHour, July 11

Guidance: Implications of the Decision by United States District Court for the District of New Mexico on the Risk Adjustment and Related Programs, Center for Consumer Information and Insurance Oversight (CCIIO), July 12


Predicting Suicide Attempts and Suicide Deaths Using Electronic Health Records, Science Update, National Institute of Mental Health, July 12 & Predicting Suicide Attempts and Suicide Deaths Following Outpatient Visits Using Electronic Health Records, Simon G.E., et al... The American Journal of Psychiatry, May 2018


Video: Integrating Treatment at the Intersection of Opioid Use Disorder and Infectious Disease Epidemics in Medical Settings: A Call for Action After a National Academies of Sciences, Engineering, and Medicine Workshop, Springer S.A., Korthuis P.T. & Del Rio C., Annals of Internal Medicine, July 13

Broadband Access as a “Super-Determinant” of Health, Brittney Crock Bauerly, Network Public Health Law, July 17

CMS Doubling Down on Health IT: Patients, CMS Administrator Seema Verma, CMS Blog, July 19

MedPAC Data Book: Health Care Spending and the Medicare Program, Medicare Payment Advisory Commission, June 2018