Bipartisan Group of Senators Releases CARA 2.0 Act to Ramp Up Fight on Opioid Abuse

The lead sponsors of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Senators Rob Portman (R-OH) and Sheldon Whitehouse (D-RI), have introduced new bipartisan legislation entitled CARA 2.0 to increase funding for addiction treatment and prevention by an additional $1 billion beyond the $1.1 billion included in the 21st Century Cures Act.

Senators Portman and Whitehouse are joined as sponsors by Senators Shelley Moore Capito (R-WV), Amy Klobuchar (D-MN), Dan Sullivan (R-AK), Maggie Hassan (D-NH), Bill Cassidy (R-LA), and Maria Cantwell (D-WA). When passed almost unanimously in the Senate and House, the original CARA had 25 Democratic, 17 Republican, and 2 Independent co-sponsors.

While CARA’s programs were funded at $267 million for Fiscal Year 2017, there is bipartisan agreement that more resources are necessary to turn the tide of the opioid epidemic. The Trump Administration’s Fiscal Year 2019 budget includes $17 billion and the Bipartisan Budget Act of 2018 included $6 billion in additional resources for Fiscal Years 2018 and 2019.

CARA 2.0, S. 2456, builds on the original CARA by increasing funding authorization levels to align with the recent budget agreement. Coupled with policy changes to strengthen the federal government’s response, CARA 2.0 would authorize its $1 billion for the following evidence-based prevention, enforcement, treatment, and recovery programs:

- $10 million for a National Education Campaign on the dangers of prescription opioid misuse, heroin, and lethal fentanyl;
- $300 million to expand first responder training and access to Naloxone, the opioid antagonist that reverses overdoses;
- $300 million to expand evidence-based medication-assisted treatment (MAT);
- $20 million to expand Veterans Treatment Courts;
- $100 million to expand treatment for pregnant and postpartum women, including facilities that allow children to reside with their mothers;
- $60 million to help states develop an Infant Plan of Safe Care to assist states, hospitals and social services to report, track and assist newborns exposed to substances and their families;
- $10 million for a National Youth Recovery Initiative to develop, support, and maintain youth recovery support services; and
- $200 million to build a national infrastructure for recovery support services to help individuals move successfully from treatment into long-term recovery.

Among the policy changes included in CARA 2.0 are:

- Statutorily mandating a 3-day limit on initial opioid prescriptions for acute pain as recommended by the Centers for Disease Control and Prevention (CDC);
- Making permanent § 303 of CARA, which allows physician assistants and nurse practitioners to prescribe buprenorphine under the direction of a qualified physician;
- Allowing states to waive the limit on the number of patients a physician can treat with buprenorphine so long as they follow evidence-based guidelines. There is currently a cap of 100 patients per physician per year in the physician’s first year of prescribing buprenorphine, although after the first year, prescribers can apply to increase their patient limits to 275;
- Requiring physicians and pharmacists to check their state Prescription Drug Monitoring Programs in prescribing or dispensing opioids;
- Increasing civil and criminal penalties for opioid manufacturers that fail to report suspicious orders for opioids or fail to maintain effective controls against diversion; and
- Creating a national standard for recovery residences to ensure quality housing for individuals in long-term recovery.

The legislation has been referred to the Senate Health, Education, Labor and Pensions (HELP) Committee, and its provisions are likely to be voted on that Committee this Spring. Committees in both the Senate and the House have been conducting hearings in recent weeks on approaches to combatting the crisis. The House Energy and Commerce Health Subcommittee held a 4½-hour hearing February 28 focused primarily on law enforcement responses to importation and illegal distribution, but also addressing the use of telehealth in treating substance use disorders. The hearing included discussion of eight separate bills.

In a related development, Health and Human Services Secretary Alex Azar promised March 1 that state requests for § 1115 waivers permitting inpatient treatment of substance use disorders would be approved quickly if submitted separately rather than in a package.
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On Nov. 26, 2007, the United Nations General Assembly declared Feb. 20 as the World Day of Social Justice. We encourage you to acknowledge this day by recognizing individuals whose contributions to research, policy, and/or practice have helped to promote social justice.

- The **Presidential Award** honors individuals who have demonstrated exemplary contributions to behavioral health and social justice.
- The **Marion Langer Award** recognizes distinction in social advocacy and the pursuit of human rights.
- The **Blanche F. Ittleson Award** recognizes outstanding achievement in the delivery of children’s services and the promotion of children’s mental health.
- The **Max Hayman Award** honors distinguished scholarship in the mental health disciplines that contributes to the elimination of genocide and the remembrance of the Holocaust.
- The **Vera S. Paster Award** recognizes a graduate student or post-graduate resident or fellow in a behavioral health or social justice program engaged in work that contributes significantly to the social, education, physical, or psychological well-being of persons of color, thereby promoting their empowerment and ameliorating disadvantage from oppression and its effects.

*We will be accepting nominations for each of our awards through March 5.* To nominate someone for an award, send an email that includes the individual’s name, affiliation, and contact details, a brief explanation of why you are nominating the individual, and the individual’s CV. Not yet a member of the Global Alliance? [Join today!](#)

Follow us on [Facebook](#) and [Twitter](#).

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**SAMHSA-Sponsored Webinar**

**Suicide Prevention in Later Life: Connecting and Contributing**

**Monday, March 26, 2 p.m. to 3:30 p.m. ET**

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

**Learners will:**

1. Describe at least two challenges to suicide prevention in later life that illustrate the importance of incorporating upstream prevention strategies into a late life suicide prevention program.
2. Be able to state the rationale for targeting social relationships in suicide prevention among older adults.
3. Identify at least two empirically informed strategies for improving relationships for older adults that they can bring to their work.

This presentation will highlight the importance of suicide prevention in later life, with an emphasis on increasing social connectedness as a means for prevention. The webinar will cover basic epidemiology of late-life suicide and how a contemporary theory of suicide (the Interpersonal Theory of Suicide) can inform prevention efforts by highlighting potential mechanisms. The presentation will discuss four strategies for increasing social connectedness in later life that have been examined in studies by the presenter—peer companionship, volunteering, psychotherapy, and web-based social skills training. We will conclude by discussing a multifaceted intervention model for promoting social connectedness and reducing suicide risk in later life.

**Presenter:** Kim Van Orden, PhD, is a clinical psychologist and Associate Professor in the Department of Psychiatry at the University of Rochester School of Medicine. She is also the Associate Director of a research fellowship in suicide prevention at the University of Rochester that is funded by the National Institute of Mental Health. She received her PhD from Florida State University and completed a predoctoral internship at Montefiore Medical Center and a postdoctoral fellowship at the University of Rochester. Her research and clinical interests are in the promotion of social connectedness to prevent late-life suicide. Much of her work is grounded in psychological theory, including the Interpersonal Theory of Suicide, which she helped develop, refine, and test. Her research is funded by the National Institute of Mental Health, the National Institute on Aging, and the Centers for Disease Control and Prevention. Her current and recent projects examine behavioral interventions to reduce suicide risk in later life via the mechanism of increasing social connectedness. She also mentors students and postdoctoral fellows and maintains an active clinical practice providing evidence-based psychotherapy to older adults.

[Register HERE](#)

*If you have any questions regarding either of this webinars, contact Kelle Masten by email or by phone at 703-682-5187.*
Public Comment Sought on Draft Recommendation Statement and Evidence Review: Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults

The U.S. Preventive Services Task Force seeks comments on a draft recommendation statement and draft evidence review on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults. The Task Force found that clinicians should refer patients who have obesity to multicomponent, intensive behavioral interventions.

The draft recommendation statement and draft evidence review are available for review and public comment here.

Public Comment Period: 2/20/18 - 3/19/18

Any visitor to the Task Force Web site can comment on any of the listed USPSTF draft documents. However, readers should note that the USPSTF writes these documents for researchers, primary care doctors, and other health care providers, using medical and scientific language appropriate for these audiences.

<table>
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<th>Recommendation</th>
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<tr>
<td>Adults</td>
<td>The USPSTF recommends that clinicians offer or refer adults with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</td>
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See the full draft recommendation statement

Revised Suicide Prevention Toolkit for Primary Care Practices Released

The Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) and the Suicide Prevention Resource Center (SPRC) have collaborated to revise a popular toolkit—Suicide Prevention Toolkit for Primary Care Practices: A Guide for Primary Care Providers and Medical Practice Managers.

Studies shows that 50 percent of individuals who die by suicide saw their primary care provider (PCP) within one month of their death. Given that individuals have more contact with their PCP than mental health professionals, the toolkit is intended to help support PCPs in developing suicide prevention strategies for at-risk patients.

The toolkit, first developed in 2009, has been updated to provide the latest information, tools, assessment guidelines, reimbursement tips, and resources to help support PCPs. The toolkit is comprised of seven sections including:

- Section 1: Getting Started—includes a quick start guide that provides step-by-step guidelines for integrating suicide prevention into the PCP practice.
- Section 2: Educating Clinicians and Office Staff—provides up-to-date statistics, suicide prevention strategies, risk assessments and safety planning.
- Section 3: Developing Mental Health Partnerships—contains resources on developing partnerships between primary care and mental health.
- Section 4: Patient Management Tools—is comprised of pocket-sized cards and templates (patient safety planning and support guide).
- Section 5: State Resources, Policy, and Reimbursement—includes information on integrating primary and behavioral health care, and reimbursement tips for mental health and suicide-related services.
- Section 6: Healthcare Provider Self-Care—provides tips and resources for self-care.
- Section 7: Patient Education Tools/Other Resources—contains suicide prevention awareness materials and suicide prevention resources for patients and their families.

Hard copies (printing and shipping charges apply), pocket guides, training and technical assistance are available through WICHE MHP (303-541-0311; mentalhealthmail@wiche.edu).
Medicaid Innovation Accelerator Program National Learning Webinar
Addressing Administrative and Regulatory Barriers to
Physical and Mental Health Integration

Monday, March 26, 1:30 p.m. to 3 p.m. E.T.

CMS’s Medicaid Innovation Accelerator Program (IAP) Physical and Mental Health Integration program area is hosting this national learning webinar on addressing administrative and regulatory barriers to physical and mental health integration.

The webinar will feature speakers from two state Medicaid agencies, Arizona and New York, who will share how they are developing and improving current administrative and reimbursement strategies that promote integration.

 Speakers include:
- Tom Betlach, Medicaid Director, Arizona Health Care Cost Containment System;
- Keith McCarthy, Director, Bureau of Inspection and Certification, New York State Office of Mental Health;
- Trisha Shell-Guy, Deputy Counsel, New York State Office of Alcoholism & Substance Abuse Services; and
- Shaymaa Mousa, MD, MPH, Empire State Fellow, Office of Primary Care and Health Systems Management, New York State Department of Health.

Participants will also learn about key policy, financial, and operational building blocks for integration at the state level. The strategies presented on this webinar will be applicable to a variety of states interested in planning and implementing a physical and mental health integration approach, and working to better align administrative functions to support these efforts.

Register HERE

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COMMITTEE ON POPULATION, Division of Behavioral and Social Sciences and Education
BOARD ON POPULATION HEALTH AND PUBLIC HEALTH PRACTICE, Health and Medicine Division

Webcast: Workshop on Women’s Mental Health Across the Life Course Through a Sex-Gender Lens

Wednesday, March 7, 8:30 a.m. to 5 p.m. ET

The goal of this workshop is to discuss crucial issues in women’s mental health and important future directions for research, policy attention, and programmatic intervention. Drawing on recent developments in social demography, social epidemiology, public health, sociology, economics and related fields, workshop participants will explore future directions that have significant promise and are expected to have major influences on research and interventions. This workshop will explore multiple levels of analysis, including environmental, sociocultural, behavioral, and biological, to see how these factors affect women’s mental health across the life course and across different racial/ethnic groups.

A rapporteur will produce a brief proceedings of the workshop consistent with institutional guidelines.

The AGENDA IS HERE

Register HERE for the Webcast

Sponsor: Department of Health and Human Services, Office on Women’s Health
Jump-Starting Community Inclusion: A Toolkit for Promoting Participation in Community Life

This toolkit is a compendium of simple, do-able strategies drawn from 15 years of research and training activities at the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)-funded Temple University Collaborative on Community Inclusion Rehabilitation Research and Training Center. It contains 66 practical first steps that community mental health providers can take to more effectively support their service recipients' participation in everyday community life. It focuses on policy changes, programming shifts, and practice innovations that can quickly give new life and relevance to an agency's operations. The Toolkit also offers links to over 100 publications and products to support your work.

To further support utilization of the Toolkit, a one-hour ‘Jump Starting’ webinar is scheduled for April 12 at 1 p.m. E.T. The webinar will review the document and feature some of the innovators who are already knee-deep in the process of policy, program, and practice changes.

Download Jump Starting Community Inclusion from the Temple University Collaborative at this link.

Register HERE for the April 12 webinar.
This one day summit is designed to help clinicians and educators develop an interprofessional approach to educating and delivering quality addiction education and services to patients and families. This conference builds on evidence-based approaches to addiction identification and management in combination with interprofessional collaborative and educational practices into a competency–based plan for pain management and addiction care.

The program format is designed to foster thoughtful discussions, analysis and collaborative learning and practice to address the current addiction-based epidemic associated with opioids and other potentially abusive substances.

**Keynote Speaker**

Elinore McCance-Katz, MD, PhD  
Assistant Secretary for Mental Health & Substance Use  
U.S. Department of Health and Human Services

**On-Line Registration Fee:** $50  
**On-Site Registration Fee:** $85

Registration will close at midnight, March 25. Registration after that time will be considered on-site and subject to the higher registration fee.

Jointly provided by the Office of Continuing Medicine Education of the University of Virginia School of Medicine and School of Nursing Continuing Education. This one-day summit meets the Virginia Board of Medicine requirement for 2 hours of continuing education (CE) in pain management, proper prescribing of controlled substances and the diagnosis and management of addiction.

Jointly hosted by University of Virginia School of Medicine, Virginia Department of Health, Virginia Department of Behavioral Health & Developmental Services, Eastern Virginia Medical School, Liberty University, Virginia Commonwealth University School of Medicine, Virginia Tech Carilion School of Medicine & Research Institute, Substance Abuse and Mental Health Administration

For questions, please contact: Jann T. Balmer, PhD, RN, FACEHP, FAAN  
Director, Continuing Medical Education  
uvacme@virginia.edu or 434-924-5310.
SAMHSA-SPONSORED WEBINARS

Improving the Health of Older Adults by Integrating Behavioral Health into Primary Care

Wednesday, March 7, 2 p.m. to 3 p.m. E.T.

In January 2017, CMS approved reimbursement for services integrating behavioral health services and primary care to improve the whole health of older adults with behavioral health conditions. Services for which CMS issued new billing codes include: 1) behavioral health care management support and 2) consultation with a psychiatrist or psychiatric nurse under a Psychiatric Collaborative Care Model (CoCM) or another behavioral health integration model not requiring psychiatric oversight. To understand how primary care providers are using behavioral health integration models to better treat older adults with mental health, behavioral health, or substance use disorders, this webinar will provide:

- A historical overview of behavioral health integration into primary care, including the current Collaborative Care Model (CoCM), and expected improved outcomes;
- Examples of how CPT codes (including codes for CoCM) for behavioral health services are being implemented in primary care settings;
- Strategies to collaborate with primary care providers to advance behavioral health integration; and
- A look at the future direction of behavioral health integration.

**Presenter:** Paula Hartman-Stein, Ph.D., The Center for Healthy Aging; Kent, Ohio

Dr. Paula Hartman Stein, Ph.D., is a geriatric mental health consultant and educator who has straddled the worlds of clinical practice, academia and political advocacy for improving the behavioral health of older adults. She covered Medicare issues for 20 years for The National Psychologist newspaper, edited two books, *Enhancing Cognitive Fitness in Adults* (2011) and *Innovative Behavioral Healthcare for Older Adults* (1998), and published book chapters and peer-reviewed journal articles. Her work experience includes direct patient care in primary care settings, long term care, and private practice. She has a Ph.D. in clinical psychology from Kent State University and a geriatric clinician development award through Case Western Reserve University. Her current academic appointments include Senior Fellow at the Institute for Life Span Development and Gerontology at the University of Akron and faculty in the Integrated Primary Care certificate program at the University of Massachusetts Medical School. She currently serves on the depression and elder maltreatment screen technical expert panels for CMS. In 2018 she will receive the American Psychological Association award for Distinguished Contributions to Independent Practice.

**Resources:** CMS Fact Sheet *Behavioral Health Integration—Psychiatric Collaborative Care Model (CoCM)*, published January 2018.

Contact Christy Malik by email or 703-682-5184 for questions or additional information about the webinar.

Partnering with the Justice System to Improve Outcomes in Coordinated Specialty Care

Monday, March 5, 2 p.m. to 3:30 p.m. E.T.

Young people experiencing a first episode of psychosis are highly likely to interact with the justice system, which often leads to longer duration of untreated psychosis and poorer outcomes compared to those without justice involvement. The recent expansion of Coordinated Specialty Care (CSC) programs in the United States offers an opportunity to reduce justice system involvement, coordinate services and support people in the early stages of psychosis who are already involved in the justice system, and facilitate early detection at various points in the justice system. This webinar is designed to 1) provide an overview of the prevalence of justice system involvement among CSC program participants; 2) describe ways in which CSC programs can better support these participants; and 3) describe strategies for outreach and partnering effectively with the criminal justice system.

- Monique S. Browning, Public Health Advisor, SAMHSA/CMHS
- Leah G. Pope, PhD, Director, Substance Use and Mental Health Program, Vera Institute of Justice
- Jessica Pollard, PhD, Assistant Professor, Yale Department of Psychiatry and Clinical Director, STEP

**Resources:** *First Episode Psychosis: Implications for the Criminal Justice System*
Global Gathering of AI Healthcare Leaders.

Join 140+ CEOs and senior industry decision makers to share perspectives on how cognitive computing, machine learning and big data are transforming virtually every aspect of health care.

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**Boston, MA • United States**

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<td>One-Day Pass (Monday or Tuesday)</td>
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The Medicaid and CHIP Payment and Access Commission (MACPAC) voted March 1 to recommend to Congress that the Department of Health and Human Services (HHS) be directed to have its relevant agencies work together in issuing joint, clarifying subregulatory guidance on key provisions of the regulations restricting disclosures of diagnosis, treatment, and referral for substance use disorders.

The Commission charged with making recommendations to Congress on ways to improve access to Medicaid- and Childrens Health Insurance Program (CHIP)-covered services also voted to recommend that HHS be directed to provide education and technical assistance to providers and health plans on how to comply with the 42 CFR Part 2 regulations.

Most Commission members seemed convinced of the need to eventually align or merge the 42 CFR Part 2 regulations with disclosure restrictions under the Health Insurance Portability and Accountability Act (HIPAA) that permit disclosures of patient information between treating providers without specific patient consent to each disclosure. However, the Commission opted for the more incremental approach of clarifying guidance until it could better understand what disclosures can be made, to whom, and under what circumstances, and how such disclosures might impact patients outside of treatment. The more limited approach was taken despite concerns expressed by some Commission members’ that clarifying current law might perpetuate the barriers it creates to care integration.

The recommendations will be included in MACPAC’s June 2018 report to Congress.

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2017 NASMHPD TECHNICAL ASSISTANCE COALITION WORKING PAPERS – BEYOND BEDS

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. On March 27, SAMHSA Assistant Secretary Elinore McCance Katz, M.D. PhD. will join the authors of the umbrella paper, Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, Debra A. Pinals, M.D., Medical Director of Behavioral Health and Forensic Programs at the Michigan Department of Health and Human Services and Doris A. Fuller, former Director of Research at the Treatment Advocacy Center, on a webinar discussing the policy considerations underlying the need to create a true continuum of care.

The presenters will explore what evidence-based outpatient practices can reduce bed demand by reducing the likelihood that a crisis will develop or by diverting individuals in crisis to appropriate settings outside of hospitals. Many of those practices were mentioned in the recent report of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to Congress, spearheaded by the Assistant Secretary.

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

- 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
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NCADD-MARYLAND

Tuerk Conference on Mental Health and Addiction Treatment

International, National and State Perspectives

Thursday, April 19, 2018
8:00 am – 5:00 pm
The Baltimore Convention Center
Pratt and Sharp Streets

Sponsored by
The National Council on Alcoholism and Drug Dependence, Maryland
University of Maryland School of Medicine Department of Psychiatry
Division of Alcohol and Drug Abuse

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NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at www.ncaddmaryland.org
SAMHSA’s Voice Awards program honors consumer, peer, and family leaders who are improving the lives of people with mental illnesses and substance use disorders in communities across the country. The awards program also recognizes television and film productions that educate the public about behavioral health and showcase that recovery is real and possible through treatment and recovery supports.

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

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

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

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

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

Nominate a Consumer, Peer, or Family Leader

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

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

Nominate a Television or Film Production

The 2018 Voice Awards event will take place on August 8, 2018, at Royce Hall at the University of California, Los Angeles. Visit the Voice Awards website for more information about the awards program, event updates, and instructions for submitting nominations.
SAMHSA Funding Opportunity Announcement

Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness

Funding Mechanism: Grant
Anticipated Number of Awards: Up to 16
Anticipated Award Amount: Up to $1 million/year for state governments and territories. Up to $500,000/year for governmental units within political subdivisions (see below)
Length of Project: Up to five years
Cost Sharing/Match Required?: No
Anticipated Total Available Funding: $10,393,000

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year (FY) 2018 –Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness (Short Title: Treatment for Individuals Experiencing Homelessness). The purpose of this program is to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance or co-occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD who are experiencing homelessness.

The goal of this program is to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing. To achieve this goal, SAMHSA will support three types of activities: (1) integrated behavioral health treatment and other recovery-oriented services; (2) efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc.); and (3) coordination of housing and services that support sustainable permanent housing.

WHO CAN APPLY: Eligible applicants are domestic public and private non-profit entities, for example:
- State governments and territories, including 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
  - Eligible state applicants are either the State Mental Health Agency (SMHA) or the Single State Agency (SSA) for Substance Abuse. However, SAMHSA’s expectation is that both the SSA and the SMHA will work in partnership to fulfill the requirements of the grant. To demonstrate this collaboration, applicants must provide a letter of commitment from the partnering entity in Attachment 5 of the application. If the SMHA and the SSA are one entity, applicants must include a statement to that effect in Attachment 5.  
- 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.
- Public or private universities and colleges.
- Community- and faith-based organizations.

Application Due Date: Friday, March 9, 2018.

HOW TO APPLY FOR THIS GRANT: All applicants must register with the National Institutes of Health’s electronic Research Administration (eRA) Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you must start the registration process immediately. If your organization is not registered or you do not have an active eRA Commons account by the deadline, the application will not be accepted. Applicants must also register with the System for Award Management, SAM.gov, and Grants.gov.

ADDITIONAL INFORMATION: Applicants with questions about program issues for this grant program should contact Maia Banks-Scheetz by email or by phone at (240) 276-1969. For questions on grants management and budget issues for this grant program should contact Gwendolyn Simpson by email or by phone at (240) 276-1408.
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.
Webinar: Integrating HIV and Substance Use Disorder Treatment to Optimize Care for Vulnerable Patients

March 21, 2 p.m. - 3:30 p.m. E.T.

Presenters: Alexander Walley, MD, M.Sc, Associate Professor of Medicine at Boston University School of Medicine
Joshua Blum, MD, Program Coordinator, Denver Health and Hospital Authority

People living with substance use disorders (SUD) and HIV face many challenges accessing and staying in care, which impacts viral suppression. Practical, evidence-based interventions offer opportunities to support clients by treating their SUD while also treating their HIV. These strategies address direct care needs and keep clients linked to services at your organization.

Join the SAMHSA-HRSA Center for Integrated Health Solutions for a webinar to build knowledge on the methods that work.

After this webinar, participants will be able to:

- Understand how integration can support implementation of evidence-based practices and care teams in Ryan White HIV/AIDS provider settings to address substance use and HIV treatment needs
- Recognize opportunities to cross-walk SUD and HIV treatment approaches using the key concepts of integration
- Assess current organizational readiness to adopt and/or incorporate new strategies for client retention
- Access practical resources and tools to help develop an approach to care that works for your organization

Registration is free and closed captioning is available upon request. The SAMHSA-HRSA Center for Integrated Health Solutions does not provide certificates of attendance or continuing education credits for webinar attendance.

Register [HERE](#)

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.
- Dynamic Solutions Pavilion exhibit hall.
- Incomparable networking opportunities.

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

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

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

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

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

Registration is $400 for Individuals not residing in an IIMHL Country.
Registration ends on May 1, 2018, or when the maximum number of registrations is reached.
SAMHSA Funding Opportunity Announcement
Clinical Support System for Serious Mental Illness
FOA Number SM-18-020
Posted on Grants.gov: Wednesday, January 17, 2018
Application Due Date: Monday, March 19, 2018

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

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

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

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

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

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

Proposed budgets cannot exceed $2,900,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

Contact Information

Program Issues: Tracie Pogue, Office of Policy, Planning and Innovation, SAMHSA, (240) 276-0105
Tracie.pogue@samhsa.hhs.gov

Recovery-Oriented Cognitive Therapy (CT-R) Webinar Series in Four Parts

Our first webinar series of 2018 focuses 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.

Each session has been recorded and archived.

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".

Discovering Meaningful Aspirations and Taking Action with CT-R

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

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.

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.

View the Recordings HERE

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

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NOW AVAILABLE

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

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

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

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

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!

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, CLICK HERE. We look forward to the opportunity to work together.
Advancing & Integrating Specialized Addiction Treatment & Recovery

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

On-Site Registration Only: $620

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
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 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.

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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.)
The 18th Annual Behavioral Health Informatics Conference and Exposition: Meeting the Information Management Needs of Mental Health and Substance Use Programs

WEDNESDAY, MAY 2 – THURSDAY, MAY 3, 2018
Sheraton Carlsbad • 5480 Grand Pacific Drive • Carlsbad, CA 92008

Learn from presentations that address:
- Uses of health information technology to support the many changes prompted by health care reform and criminal justice-related reforms.
- Practical uses of health information exchange to support coordination across multiple systems of care.
- Progressing from basic EHR implementation to optimization and improvement.
- Enhancing client recovery and wellness through innovative mobile apps and related technologies.
- Leveraging data analytics and visualizations to provide decision support and quality management.
- Applying the most recent developments in privacy and security regulations for sharing clients’ behavioral health-related information.

Participate in discussions and network with your colleagues! Meet the major software companies serving mental health and substance use programs and evaluate their products – all in one exhibit hall!

Day One: General Session Keynote - Wednesday, May 2
How to Prepare for the New Value-Based Payment Model Requirements
Tami L. Mark, PhD, MBA, Senior Director, Behavioral Health Financing, RTI International

The Medicare Access and CHIP Reauthorization Act (MACRA) became effective in 2017 and is just the beginning of the value-based payment models that will impact our public and private healthcare systems. Tami L. Mark, PhD is a national expert and opinion leader in behavioral health systems of care, and Senior Director of Behavioral Health Financing with RTI. She will review many of the newly developing payment models, evaluate how they are likely to impact state and county payment mechanisms and provider claiming guidelines, and suggest how to prepare for new reporting requirements.

NQF’s 2018 Annual Conference brings together experts to offer insights on some of the nation’s most urgent healthcare priorities.
Join us March 12 in Washington, DC, to hear how these leaders are working to reduce health disparities and improve care for all communities:

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

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

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

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

EARLY CHILDHOOD SYSTEMS OF CARE LEARNING COMMUNITY: PREVENTION TO INTERVENTION IN EARLY CHILDHOOD SYSTEMS OF CARE

MONDAY, MARCY 19, 2:30 P.M. TO 4 P.M. E.T.

The topic of the March 2018 call for the Early Childhood SOC Learning Community for those interested in early childhood systems of care will be challenges, lessons learned, and systems implications for designing a strong, comprehensive early childhood system of care that include a range of prevention and intervention services. The strategies and lessons learned by the DC Social, Emotional and Early Development (DC SEED) Project will be highlighted.

REGISTER NOW

SOC LEADERSHIP LEARNING COMMUNITY - USING SOCIAL MARKETING FOR SYSTEMS CHANGE

WEDNESDAY, MARCH 21, 2’30 P.M. TO 4 P.M. E.T.

This session will focus on how effective marketing and communications strategies can be used to create lasting transformation. SAMHSA’s Caring for Every Child’s Mental Health Campaign’s Social Marketing TA Team will share how social marketing can help change the knowledge, attitudes, beliefs, and behaviors of staff, families, youth, providers, child-serving leaders, and others who are essential to implementing, sustaining, and expanding systems of care through systems change.

REGISTER NOW

LEARNING COMMUNITY FOR FAMILY LEADERS - ON THE FRONT LINES: FAMILIES AND FAMILY-RUN ORGANIZATIONS RESPONDING TO THE OPIOID EPIDEMIC

THURSDAY, MARCH 22, 3 P.M. TO 4:30 P.M. E.T.

This webinar will highlight the work of two family-run organizations and their work to address the opioid crisis. Participants will also learn about a model of peer support training that can complement other forms of parent peer support, and provide additional opportunities for family-run organizations as they develop strategies to meet the needs of youth, young adults, and families affected by substance use disorders.

REGISTER NOW

TRIBAL SOC: INTRODUCTION TO OPIOID IMPACTS IN INDIAN COUNTRY

FRIDAY, MARCH 23, 1:30 P.M. TO 2:30 P.M. E.T

This webinar will discuss the opioid epidemic and its impacts in Indian Country, especially for Native American children and families, with up-to-date data presented. Cultural issues related to treatment and prevention of opioid use as well as medication assisted treatment and prevention will be discussed.

REGISTER NOW

CULTURAL AND LINGUISTIC COMPETENCE PEER LEARNING EXCHANGE - CULTURAL AND BEHAVIORAL HEALTH EQUITY CONSIDERATIONS FOR WRAPAROUND PRACTICE

THURSDAY, APRIL 12, 2:30 P.M. TO 3:30 P.M.

Members of the Cultural and Linguistic Competence Team for the TA Network will lead a web based peer learning exchange focused on aligning Wraparound Values with the National Standards for Culturally and Linguistically Appropriate Service (CLAS Standards).

REGISTER NOW
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David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Turner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor

Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

Patient-Centered Prescription Opioid Tapering in Community Outpatients With Chronic Pain, Darnall B.D., PhD, Ziadni M.S., PhD, Stieg R.L., MD, MPH et al., JAMA Internal Medicine, February 19

A Bipartisan Blueprint for Improving Our Nation’s Health System Performance, Governors John W. Hickenlooper (D-CO), John Kasich (R-OH), Bill Walker (I-AK), Tom Wolf (D-PA) & Brian Sandoval (R-NV), February 23

Literacy-Adapted Cognitive Behavioral Therapy Versus Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial, Thorn B.E., PhD et al., Annals of Internal Medicine, February 27

Psychiatrist Shortage Escalates As U.S. Mental Health Needs Grow, Bruce Jepsen, Forbes, February 25

The Potential Impact of Short-Term Limited-Duration Policies on Insurance Coverage, Premiums, and Federal Spending, Linda J. Blumberg, Matthew Buettgens & Robin Wang, Urban Institute, February 2018

Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show, Matt Broaddus, Peggy Bailey & Aviva Aron-Dine, Center on Budget and Policy Priorities, February 28

Addressing the Opioid Epidemic: Recommendations from CDC (Web-Based Continuing Education), Centers for Disease Control and Prevention

Policy Brief: Child Trafficking Prevention, Global Alliance for Behavioral Health and Social Justice, February 17

Leveraging Medicaid to Address Social Determinants and Improve Child and Population Health, Tricia Brooks & Kelly Whitener, Georgetown University Health Policy Institute Center for Children and Families, February 28