Congress Increases Mental Health Block Grant Funding for Fiscal Year 2018 by 30 Percent

The Fiscal Year 2018 omnibus funding measure passed March 22 by the House of Representatives, 256-167, and by the Senate, 65-32, before government funding was to expire today, increases funding for the Mental Health Block Grant by $160 million to $701 million, a 30 percent increase over the Fiscal Year 2017 funding level.

The significant increase contained in H.R. 1625 was somewhat surprising, given the proposal by the Trump Administration to cut the Mental Health Block Grant by 26 percent in Fiscal Year 2018, to $400 million. That proposed cut, endorsed earlier this year in the House of Representatives but not the Senate, necessitated the Center for Mental Health Services notifying states last summer that they should budget expecting the cuts to occur.

The omnibus funding measure continued the 10 percent block grant set-aside "to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset." It also included the 10 percent set-aside in Children’s Mental Health Services sought by both the Obama and Trump Administrations for “demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical high risk of developing a first episode of psychosis,” while also increasing overall funding for children’s mental health by $5.7 million, to $125 million.

Mental Health Programs of Regional and National Significance received a $40 million bump, to $426,659,000. That total is $149.24 million than was requested in the President’s Fiscal Year 2018 budget.

H.R. 1625 makes $100 million available until September 30, 2020, for grants to communities and community organizations that meet the criteria for Certified Community Behavioral Health Centers under the § 223 Excellence in Mental Health Act demonstration program.

The Substance Abuse Treatment and Prevention Block Grant is funded at the Fiscal Year 2017 level, $1.8 billion, $3.4 million more than was requested in President Trump’s Fiscal Year 2018 budget.

The Substance Abuse Treatment Programs of Regional and National Significance are funded at $403,427,000, an increase of $51 million over Fiscal Year 2017. Substance Abuse Programs of Regional and National Significance are funded at $248,219,000, an increase of $25 million over Fiscal Year 2017 and $98.5 million more than requested by the Administration.

SAMHSA’s budget included $1 billion for State Opioid Response Grants, of which (i) $50 million must be made available to Indian tribes or organizations, (ii) 15 percent must be for the states with the highest mortality rates related to opioid use disorders, and (iii) the remaining amount must be allocated to states, territories, and the District of Columbia according to a formula using national survey results that the Secretary of HHS determines are the most objective and reliable measure of drug use and drug-related deaths, but with no state receiving less than $4 million. An additional $3 billion for opioid response is scattered throughout the rest of the omnibus.

The omnibus funds the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) programs—which include mental health, substance use, and veterans courts—at $30 million, an $18 million increase over Fiscal Year 2017.

Other funding includes:

- $1,147,000 for technical assistance programs on Reducing Seclusion and Restraints;
- $19,963,000 for Mental Health First Aid programs;
- $25,951,000 for Healthy Transitions;
- $53,887,000 for the National Child Traumatic Stress Network;
- $23,605,000 for Project LAUNCH;
- $49,877,000 for Primary and Behavioral Health Care Integration (which had been zeroed out in the President’s budget);
- $7,198,000 for the National Suicide Prevention Lifeline;
- $8,059,000 for the Minority Fellowship Program under Mental Health (also eliminated by the President);
- $30 million for Screening, Brief Intervention and Treatment (SBIRT);
- $84 million for Medication Assisted Treatment; and
- $100 million for Justice Department Secure Our Schools grants that would cover training for school personnel and students, developing anonymous reporting systems, operating threat assessment teams, and local law enforcement coordination and training.
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**Technical Assistance for State Mental Health Authorities**

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**May 2 & 3 Annual Behavioral Health Informatics Conference**

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**Children’s TA Network Upcoming Webinars**

**NASMHPD Board & Staff NASMHPD Links of Interest**
SAMHSA-SPONSORED WEBINARS
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

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.

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.

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

Myths and Reality: The HIPAA Privacy Rule
Wednesday, March 28, 2:30 p.m. to 4 p.m. E.T.

Developed Under Contract by the National Alliance on Mental Illness

Description: HIPAA is a privacy rule intended to safeguard private health information, but is often misinterpreted and misapplied. With better understanding of flexibility within HIPAA, mental health stakeholders can promote both individuals’ privacy rights and appropriate inclusion of families/partners and providers.

This webinar will feature various scenarios that illustrate both commonly-held misperceptions about HIPAA, as well as more complex issues. It will address such topics as communications among health providers, disclosures to caregivers, rights of people to access information about their own treatment, special rules pertaining to mental health and substance use information, and other important topics.

Presenter: Ron Honberg, J.D. serves as Senior Policy Advisor at National Alliance on Mental Illness (NAMI). Mr. Honberg oversees NAMI’s federal advocacy agenda and NAMI’s work on legal and criminal justice issues. Mr. Honberg has drafted amicus curiae briefs in precedent setting litigation affecting people with mental illnesses and has provided technical assistance to attorneys and NAMI affiliates on legal and public policy issues. He serves as a frequent resource for print and broadcast media on legal and policy issues.

Register HERE

CEU credits will not be offered for this webinar. However, letters of attendance are offered upon request.

Closed-captioning is available for this webinar.

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

CBHSQ Estimates 9.5 Million Adults in 33 Metropolitan Statistical Areas Had Serious Thoughts of Suicide in Past Year, 2.7 Million Made a Suicide Plan, and 1.3 Million Attempted Suicide

The March 14 issue of The CBHSQ Report from the Center for Behavioral Health Statistics and Quality uses combined 2013 to 2015 National Survey on Drug Use and Health (NSDUH) data to develop estimates of past year serious suicidal thought, suicide planning, and suicide attempts among individuals aged 18 or older who were residing in 33 metropolitan statistical areas (MSAs).

The report finds:

- the percentage of adults aged 18 or older who had serious thoughts of suicide in the past year ranged from 2.5 percent in the Miami metropolitan statistical area (MSA) to 6.6 percent in the New Orleans MSA;
- the percentage of adults aged 18 or older who planned suicide in the past year included 0.4 percent in the Atlanta MSA and 2.1 percent in the New Orleans MSA; and
- the percentage of adults aged 18 or older who attempted suicide in the past year ranged from 0.2 percent in the Albuquerque MSA to 1.0 percent in the Honolulu MSA.

The report is an update to an earlier report using 2008 to 2010 data. The MSAs included in the report were selected based on a sufficient sample size to produce reliable estimates and the intent to get representation from the different Department of Health and Human Services regions of the country. Comparisons are made between each MSA and the nation as a whole. Only differences in estimates that are statistically significant at the .05 level are discussed in the text of the report.

In 2015, suicide was identified as the 10th leading cause of death in the United States, responsible for 44,193 deaths; the age-adjusted rates increased by 2.4 percent between 2014 and 2015. Individuals who die from suicide, however, represent a fraction of those who consider or attempt suicide. Out of every 31 adults in 2008 to 2011 in the United States who attempted suicide in the past 12 months, there was 1 death by suicide.

Adults who had serious thoughts of suicide in the past 12 months were asked whether they made a plan to kill themselves in that period. Adults who had not had serious thoughts of suicide were considered to not have made a suicide plan.

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.

MARCH TRAINING

Georgia

March 29 - Centers for Disease Control and Prevention (CDC), Atlanta

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Texas Primary Care and Health Home Summit

April 5 & 6 - Austin, Texas

Are you a healthcare professional, hospital administrator, community health center, government agency, patient advocate, pharmaceutical company, health information technology organization? You will not want to miss this opportunity!

Click here to learn more about Texas Primary Care and Health Home Summit, including agenda and registration information.

Presented by Texas Health Institute and the Texas Medical Home Initiative

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**Health Resources & Services Administration Behavioral Health Virtual Job Fair**

*Wednesday, April 11, 6:45 p.m. - 10:15 p.m. E.T.*

This Virtual Job Fair is specifically for behavioral health professionals, which includes Psychiatrists, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, Nursing Professionals, and Physician Assistants (specializing in psychiatry, mental health, or behavioral health). HRSA Virtual Job Fairs are online recruitment events that connect career-seeking clinicians with health care organizations.

After registering, prepare for the Virtual Job Fair by going to the [Health Workforce Connector](#) to build your searchable professional profile. Your profile is where you can highlight and share your professional experience, education, and employment preferences with organizations searching for qualified candidates like you! With nearly 5,000 job opportunities throughout nearly 22,000 organizations, the Connector helps future and current health professionals find careers in underserved communities.

For current NHSC or NURSE Corps program recipients [click here](#) to use your current portal credentials to log in.

For all others [click here](#) to set up a new account.

**Participation is FREE – Register NOW**

At no cost, join the Virtual Job Fair to connect and network with more than 100 National Health Service Corps and NURSE Corps organizations who are providing behavioral, mental and substance abuse care in communities across the nation. You’ll be presented with hundreds of behavioral health opportunities, details about each organization’s benefit packages, their integrated approaches to care, and information about the patient populations they serve. Don’t miss this unique opportunity to get real-time answers to your employment questions. To participate, you need a computer, smart phone, or other mobile technology with access to the Internet. Space is limited, so learn more about the Behavioral Health Virtual Job Fair on our [website](#)!
Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (FOA SM-18-010)

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2018 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

• Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.

• Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.

• Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral).

Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

Eligibility: Eligible applicants are:

• The state/tribal agency that oversees delivery of mental health services to youth and young adults, ages 16-25, with serious mental disorders.

• Federally recognized (as defined in Section 4[b] and Section 4[c] of the Indian Self-Determination Act) American Indian/Alaska Native (AI/AN) tribes, tribal organizations and consortia of tribes or tribal organizations.

• Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI ANs 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 AI ANs in all phases of its activities. 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.

Eligibility is limited because SAMHSA believes that only state/tribal agencies overseeing the delivery of mental health services to youth and young adults are in the unique position to leverage community agencies that can support the wide scale adoption of Healthy Transitions programs and services. The state/tribal agency has the capacity, knowledge, and infrastructure to assist communities with successful implementation of effective practices and strategies at the community level while also sharing and implementing effective and successful statewide strategies. Through the building of interconnected partnerships, Healthy Transitions can promote systems integration and strengthen the ability of states/tribes and communities to integrate prevention, intervention, and treatment services for youth and young adults with serious mental disorders.

Recipients who received funding under SM-14-017 “Now is the Time” Healthy Transitions are not eligible to apply under this FOA.

Contact Information
Program Issues: Diane Sondheimer, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1922
Emily Lichvar, Child Adolescent and Family Branch, Division of Service and Systems Improvement/CMHS, 240-276-1859
WEBINAR

Treatment and Prevention of Opioid Use Disorder: Overview

Tuesday, April 3, 2 p.m. - 3:30 p.m. E.T.

In this webinar, Dr. Dennis McCarty of the OHSU-PSU School of Public Health at Oregon Health & Science University will present an overview on the treatment and prevention of opioid use disorder (OUD) in the U.S. This 90-minute webinar will cover:

- Historical federal initiatives that provided treatment for OUD
- Opioid agonists: most effective therapies for OUD
- The limited access to pharmacotherapy
- The chronic nature of OUD and rates of return to use
- Approaches to preventing OUD and the role of overdose education and naloxone distribution

This FREE training event is brought to you by the Great Lakes ATTC, Pacific Southwest ATTC, Northwest ATTC & the Western States Node of the NIDA Clinical Trials Network.

Continuing Education Credit: This webinar has been approved for a total of 1.5 contact hour through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) through the ATTC Network Coordinating Office. Certificates of completion indicating the number of contact hours earned will be issued to all attendees approximately one week post webinar.

Register HERE

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Funded by Substance Abuse and Mental Health Services Administration

April 23-25, 2018 | Washington, DC

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Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
Tuesday, March 27, 2 p.m. to 3 p.m. ET

Hardly a day goes by without a headline, court case, or legislative action calling for reforming the mental health system. Often, these calls to action end in two words: “More beds.” Largely missing from the discussion are essential questions such as these:

- What do we mean by “beds”? More precisely, what types of beds are needed: acute, transitional, rehabilitative, long-term or other?
- Are there differences in the needs of different age groups – youth, adults, older persons – and diagnoses that need to be reflected in the bed composition?
- What are the evidence-based outpatient practices that would reduce bed demand by reducing the likelihood that a crisis will develop or by diverting individuals in crisis to appropriate settings outside of hospitals?

This webinar provides an overview of the technical assistance document Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, which addresses these questions and offers 10 public policy recommendations for reducing the human and economic costs associated with serious mental illness by building and invigorating a robust, interconnected, evidence-based system of care that goes beyond beds. The achievable outcome is that people with serious mental illness have access to the same levels of care that individuals with other medical conditions already commonly experience and obstacles to such treatment are removed.

Presenters:

- Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Substance Abuse and Mental Health, U.S. Department of Health and Human Services
- Debra A. Pinals, M.D., Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services and Clinical Professor of Psychiatry, University of Michigan
- Doris A. Fuller, Chief of Research, Treatment Advocacy Center (ret.)

Register HERE

Resources: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.1Beyond_Beds.pdf

Saving Lives: What You Can Do To Help Reduce Tobacco Use in Community Mental Health Settings
Tuesday, April 11, 2 p.m.-3:30 p.m. E.T.

Adults with mental illness and substance use disorders use tobacco at significantly higher rates than others in the population – accounting for 40 percent of all cigarettes smoked. The U.S. Substance and Mental Health Services Administration (SAMHSA) and national advocacy groups, including the National Association of State Mental Health Program Directors (NASMHPD), are collaborating to provide information, strategies, and resources to reduce tobacco use among people receiving community-based behavioral health services. This webinar will describe the prevalence of smoking among people involved with the public behavioral health system; successful strategies to reduce smoking in community-based behavioral health settings; and partnerships across service systems to sustain smoking cessation.

Presenters:

- Brian Hepburn, M.D., Executive Director, NASMHPD (moderator)
- Doug Tipperman, M.S.W., Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, Substance Abuse and Mental Health Services Administration
- Steven A. Schroeder, M.D., Distinguished Professor of Health and Health Care, University of California- San Francisco (UCSF) and Director, Smoking Cessation Leadership Center
- John B. Allen, Jr., Special Assistant to the Commissioner, New York State Office of Mental Health
- Mark Hurst, M.D., Medical Director, Ohio Department of Mental Health & Addiction Services

Register HERE

Additional Resources Available at: https://www.samhsa.gov/atod/tobacco
Summer Institute in Mental Health Research

The Summer Institute in Mental Health Research will be offered over the course of a two-week period, May 29 – June 8, 2018, by the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health.

The Institute focuses on methodological and substantive topics in mental health and substance-use research. It is intended for working professionals or students who are interested in developing research expertise in the epidemiology of mental health and substance use disorders, the implementation and evaluation of mental health services and interventions, and/or the methodological issues encountered in mental health research in the population.

After completing the program, participants will understand the latest findings on the occurrences of mental health and substance use disorders in the population and their implications for public mental health; know the steps involved in the scientific, empirical evaluation of services and interventions targeted for mental health outcomes; and acquire the skills and knowledge needed in using the state of the art methodological tools for collecting and analyzing mental health data. Where academic credit leading to a degree is desired, students are required to pay the standard school tuition (to be determined for Bloomberg School of Public Health degree students. This rate does not apply to students taking courses for non-credit. The non-credit tuition rate for 2018 is (to be determined). No scholarship and/or grant support is available.

330.610.89 Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

**Location:** Internet  
**Dates:** Tuesday, May 29, 2018 – Friday June 8, 2018  
**Contact:** Ronald Manderscheid  
**Course Instructor:** Ronald Manderscheid

**Description:** Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

**Learning Objectives:**  
Upon successfully completing this course, students will be able to:  
1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools  
2. Describe the essential features of National Health Reform and the Medicaid Program  
3. Engage successfully in local strategic planning and needs assessment initiatives

**Methods of Assessment:**  
Class participation and a brief analytical paper on addressing a practical problem in managing a county or local mental health, substance use, or developmental disability authority. Project is due June 30, 2018)

**Credits:** 1 credit  
**Auditors Allowed:** Yes, with instructor consent  
**Grading Restriction:** Letter Grade or Pass/Fail

**Information on Application & Tuition Here**
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.*
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**Register Now**
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 Compete
Older Adults Peer Support - Finding a Source for Funding
Forensic Patients in State Psychiatric Hospitals: 1999-2016
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

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.
ONLINE REGISTRATION NOW OPEN

Thank you to our conference sponsors!

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Click here for online registration • Click here to be a sponsor • Click here for full brochure

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
Veterans Health Administration

Gulf War Veterans – Research Volunteers Needed

Researchers at the New Jersey War Related Illness and Injury Study Center (WRIISC) are actively trying to develop better treatments for Gulf War Veterans with Gulf War Illness (GWI).

GWI is a term that refers to a group of unexplained or ill-defined chronic symptoms found in about one third of Veterans deployed to the Persian Gulf during Operations Desert Storm and Desert Shield (1990-1991). Despite much research, the cause of GWI remains unclear and symptoms vary. Symptoms might include fatigue, muscle and joint pain, cognitive difficulty, and headaches.

One such potential treatment being investigated by VA researchers is concord grape juice. The juice has high concentrations of dietary polyphenols that are believed to have a variety of health benefits, including improving brain function.

“Although grape juice is high in sugars, many people like the taste. It is also available on the grocery store shelf and relatively easy for most Veterans to incorporate into their diet,” said Dr. Drew Helmer, who is leading this study. “Before we promote grape juice as a treatment for Veterans with Gulf War Illness, however, we want to use this research to better understand its potential benefits.”

Gulf War Veterans with GWI are encouraged to learn more and consider participating in the randomized controlled trials for Gulf War Veterans with GWI. Randomized control trials are considered the “gold standard” of research aimed at finding better treatments. In a randomized controlled trial, participants are randomly assigned to either a group that is receiving the treatment under investigation or to a group receiving a comparison treatment, often the current “standard treatment”.

Following is a list of clinical trials currently recruiting participants. Participation in a trial is entirely voluntary and will not in any way affect a Veterans’ access to health care or benefits.

Development of Dietary Polyphenol Preparations for Treating Veterans with Gulf War Illness

Purpose: To investigate the role of daily Concord grape juice consumption in treating clinical symptoms of GWI in Gulf War Veterans

Location: VA in East Orange, N.J. (WRIISC site)
Recruitment Time Frame: Ongoing - June 2018

Cognitive Rehabilitation for Gulf War Illness

Purpose: To determine if telephone-delivered problem-solving treatment or telephone-delivered health education is more effective in helping Gulf War Veterans with GWI improve health and function and reduce disability

Location: Participation includes two testing visits to the VA in East Orange, N.J. (WRIISC facility) or to the VA in Canandaigua, N.Y. or Bedford, Mass. Future telephone sessions can be completed

Recruitment Time Frame: Ongoing - Summer 2018

Vagus Nerve Stimulation: A Non-Invasive Treatment to Improve the Health of Gulf War Veterans with Gulf War Illness

Purpose: To determine if use of a hand-held device that activates a nerve called the Vagus Nerve reduces widespread pain

Location: VA in East Orange, N.J. (WRIISC site) and Mount Sinai-Beth Israel in New York, N.Y.

Recruitment Time Frame: Ongoing - Winter 2018

Participating in these randomized clinical trials may prove helpful to Veterans on an individual level as treatment strategies could be effective. Participation also helps fellow Veterans and the broader Veteran community as information learned from these studies contributes to the growing body of knowledge on what works and what does not when treating GWI. The NJ WRIISC works with multiple VA and academic partners on ways to increase awareness of available treatment studies among Gulf War Veterans.

For more information regarding any of these studies, please contact the NJ WRIISC at 1-800-248-8005, or visit our website.
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.
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.

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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.
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.)*
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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**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.
California Institute for Behavioral Health Solutions

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  CARLSBAD, CALIFORNIA

Featured Day One Session!  
Concurrent Session on Wednesday, May 2, 2018

Challenges for Rural Areas in Meeting the Increasing Requirements for  
Electronic Data Entry, Storage, Analysis and Exchange

Federal and state funding agencies are steadily increasing their data requirements to show that services are accessible and of high quality, and that health care information is exchanged among treating providers in support of care coordination. Tracy Rhine from Rural County Representatives of California, Jennifer Terhorst and Philip Salter from Nevada County, and Farooq Ahmad from Imperial County will describe challenges for rural counties, including lack of bandwidth, health information technology support, and internet connectivity. They will describe creative ways that some rural agencies are addressing these issues, and suggest their relevance for other rural counties and provider organizations.

Registration is open. Please reserve your seat NOW!

REGISTRATION WEBSITE

If you have any problem with registering or making your hotel reservations, please contact the CIBHS Conference Dept. at (916) 379-5317 or conferences@cibhs.org.

May is Older Americans Month 2018

Every May, the Administration on Aging, part of the Administration for Community Living, leads our nation’s observance of Older American’s Month. The 2018 theme, Engage at Every Age, emphasizes that you are never too old (or young) to take part in activities that can enrich your physical, mental, and emotional well-being. It also celebrates the many ways in which older adults make a difference in our communities.

Participating in activities that promote mental and physical wellness, offering your wisdom and experience to the next generation, seeking the mentorship of someone with more life experience than you—those are just a few examples of what being engaged can mean. No matter where you are in your life, there is no better time than now to start. We hope you will join in and Engage at Every Age!

Use the materials, activities, and resources at https://oam.acl.gov to promote and celebrate #OAM18!
TA Network Webinars

**POSITIVE PRACTICES FOR WORKING WITH PSYCHOSIS**
**THURSDAY, MARCH 29, NOON TO 3 P.M. E.T.**

This webinar will introduce the model, discuss the five components of Cognitive Behavioral Therapy for Psychosis (CBTp)-informed skills, and draw upon case examples to demonstrate these skills in real-world settings. This model brings together a combination of CBTp-informed skills that front-line providers can use in their work with individuals in a variety of settings.

**REGISTER NOW**

**LEARNING COMMUNITY ON WORKING WITH YOUTH WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS**
**WEDNESDAY, APRIL 4, 1 P.M. TO 3 P.M. E.T.**

This conference call on working with youth with co-occurring substance use and mental health disorders will focus on drugs that are commonly abused by adolescents. Facilitators include Michael Fox and Rick Shepler. To join, please call 1-719-325-2711 (Toll Free Number: 1-800-216-6327) and enter the following participant passcode: 868-456.

**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. E.T.**

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**

**SYSTEM OF CARE (SOC) LEADERSHIP LEARNING COMMUNITY – CONSIDERATIONS FOR SOC LEADERS FOR SERVING YOUNG CHILDREN AND THEIR FAMILIES**
**WEDNESDAY, APRIL 18, 2:30 P.M. TO 4 P.M. E.T.**

This webinar will focus on serving young children and their families with the SOC approach and address areas that should be considered at the system and service-delivery levels to effectively meet the needs of this population. Specific topics to be addressed include key partners in early childhood services, the services specifically designed for young children and families, financing strategies, and workforce development.

**REGISTER NOW**

**UNDERSTANDING PSYCHOSIS – USING FORMULATION TO DEVELOP EFFECTIVE INTERVENTIONS**
**FRIDAY, APRIL 20, NOON TO 3 P.M. E.T.**

This webinar is designed for intermediate-level CBT clinicians and aims to build on an existing knowledge base through examination of different formulation techniques, including collaborative development of formulation and team-based formulation. Clinicians will be encouraged to submit de-identified case examples before the workshop for discussion during the webinar. Formulation is considered the cornerstone of CBT and is essential to helping the client (and therapist) understand the origin and maintenance of their symptoms.

**REGISTER NOW**
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NASMHPD Links of Interest

The Distribution of Household Income, 2014, Congressional Budget Office, March 2018

Does Naloxone Availability Increase Opioid Abuse? The Case For Skepticism, Richard G. Frank, Keith Humphreys, Harold A. Pollack, Health Affairs Blog, March 19


Updated Medicaid Drug Manufacturer National Drug Rebate Agreement, Centers for Medicare and Medicaid Services, March 22

March 2018 Report to Congress of the Medicaid and CHIP Payment and Access Commission (MACPAC): Chapter 1, Streamlining Medicaid Managed Care Authority

Social Determinants Of Health: How Are Health Conversion Foundations Using Their Resources To Create Change?, Douglas Easterling, Laura McDuffee, Health Affairs Blog, March 15

SAMHSA Revamping TA-Contractors Model to Deliver More Support to American Communities, SAMHSA Blog Update, Dr. Elinore McCance-Katz, March 22

California Docs Worry There’s ‘Nowhere To Send’ New And Expectant Moms With Depression, Kaiser Health News, March 19

The Most Popular Drugs in America, State-by-State, Thomas Goetz MPH, Good Rx, March 22