Boston Medical Center Uses THRIVE Screening Tool to Identify in Electronic Health Records and Code Social Determinant of Health Needs of 57,000 Patients

Boston Medical Center (BMC) is screening all ambulatory primary care patients—including those in family medicine, pediatrics, obstetrics and gynecology, and general internal medicine—for relevant social determinants of health (SDoH), using a screening tool developed by BMC. More than 57,000 BMC patients have thus far responded to the 11 questions on the one-page THRIVE tool while sitting in waiting rooms prior to a doctor’s appointment.

Responses on the tool are entered into each patient’s electronic health record (EHR) by a medical assistant. The EHR utilizes the information entered to prompt the treating provider to address, during the patient’s appointment, any SDoH concerns raised by the patient in the tool, adding the needs to the patient’s chart through auto-generated ICD-10 codes. The system also prints out information on referral resources available at BMC and in the community, updated every six months, where the patient can get help on request for an identified SDoH.

To create the tool, BMC established an interdisciplinary committee that included social science and health services researchers with SDoH experience, community engagement specialists, residents and medical students, operations managers, health care providers, a medical assistant (MA), a health literacy expert, and an IT analyst. Based on the existing literature on SDoHs, the committee decided which SDoH domains to include in the screener. They selected homelessness, housing insecurity, food insecurity, inability to afford medications, lack of transportation to medical appointments, utilities, caregiving, unemployment, and educational aspirations while considering the following:

- alignment of the domain with BMC and other national initiatives;
- evidence the domain is associated with health outcomes; and
- burden of collection and sensitivity of asking about domain during patient care.

Education is the only SDoH not linked to an ICD-10 code because the question used to screen for this need does not reflect the ICD-10 code definition, which narrowly focuses on the patient’s completion of high school or an equivalent. In contrast, the education question on the THRIVE screening tool seeks to reduce stigma and better align the question with current evidence on the associations between higher education and positive health outcomes by focusing on general educational aspirations rather than a specific deficit.

The initial screening tool was vetted by clinic staff across General Internal Medicine, Family Medicine, Obstetrics-Gynecology, and Pediatrics and by 34 patients. An observational study of the effectiveness of the tool in identifying and responding to SDoHs through the use of a patient EHR in late 2017 was published in the June 2019 Journal of Medical Care, entitled “Implementing an EHR-based Screening and Referral System to Address Social Determinants of Health in Primary Care.”

BMC researchers screened 1696 of 2420 (70 percent) of eligible new patients. Only 5 patients refused to answer the screener. The mean age of patients screened was 40. Employment (12 percent), food insecurity (11 percent), and problems affording medications (11 percent) were the most frequent concerns raised by respondents. In total, 367 of 445 (82 percent) patients with identified needs (excluding education) had the appropriate ICD-10 codes added to their visit diagnoses. In total, 325 of 376 (86 percent) patients requested and received a relevant resource referral guide.

The authors acknowledge a few limitations of the study. First, only new patients went through the screening and referral process. Established patients were not included so as to avoid overwhelming clinical staff and better learn about barriers before gradually scaling up to all patients in 2018. Clinical staff reported difficulty identifying which were new patients, which reduced the number of patients screened. And the authors admit that, although screening new patients for SDOH is beneficial to understand patients’ needs and new patients have fewer expectations for pre-visit paperwork, patients new to a clinic may be more apprehensive about disclosing this type of information to a new provider than would be an existing patient.

Second, although most of the patients who requested assistance with social needs received a resource referral guide, the authors do not know how many patients actually connected with a resource and, from those, how many were able to adequately address their need. The researchers are now following up by phone to better understand patient experiences in connecting to the resources provided.
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NASMHPD Board & Staff

NASMHPD Links of Interest
NASMHPD is excited to announce that our annual meeting of State Mental Health Commissioners/Directors and the NASMHPD Divisions will be held in conjunction with International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) 2019 Leadership Exchange in Washington D.C.

This is an excellent opportunity for companies to visibly show their commitment as a supporter of both state AND international behavioral health leaders.

About NASMHPD
The National Association of State Mental Health Program Directors represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD is the only national association to represent state mental health commissioners/directors and their agencies.

About IIMHL
The International Initiative for Mental Health Leadership (IIMHL) is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of nine countries: Australia, England, Canada, the Netherlands, New Zealand, Republic of Ireland, Scotland, USA and Sweden.

About IIDL
The International Initiative for Disability Leadership provides an opportunity for disabled people, families, policy makers, funders and providers to work in a collaborative manner towards providing the best possible life opportunities for disabled people and their families, both within countries and as part of an international movement.

ACCESS THE EXHIBITOR & SPONSORSHIP PROSPECTUS HERE
To secure your exhibit booth: CLICK HERE.
To secure your sponsorship please: CLICK HERE.
She also serves on the Board of Directors of the National Association of State Alcohol and Drug Abuse Directors. NASMHPD’s Housing Task Force. Final Day (September 14) Will Be a NASMHPD Commissioner- & Division-Only Annual Conference Meeting
Discounted Government Rate Room Block at the nearby Madison Hotel in D.C., (a 5-minute walk)
Exclusively for All NASMHPD Attendees

Contact Yaryna Onufrey, NASMHPD Program Specialist, With Any Questions

NASMHPD Sends Its Congratulations and Well Wishes to Linda Rosenberg on Her Retirement as the National Council’s President and CEO, and to Chuck Ingolia on His Appointment as Her Successor.
New Study Confirms Differential Between Female and Male Youth Suicide Rates is Dropping

A study published May 17 confirms recent Center for Disease Control and Prevention (CDC) studies finding that the differential between female and male youth suicide rates have dropped in recent years.

The cross-sectional *JAMA Open Network* report of youth suicide deaths between 1975 and 2016, led by researchers at the Nationwide Children’s Hospital in Columbus, Ohio and the Ohio State University College of Medicine in Columbus, found a significant reduction in the gap between male and female rates of suicide among youth ages 10 to 19 in the U.S, with the most pronounced narrowing among younger individuals. Female suicide rates by hanging or suffocation were found to be approaching those of male youth.

Male youth suicide rates have historically been higher than female youth suicide rates. However, two recent reports from the Centers for Disease Control and Prevention (CDC) found that female youth were experiencing a greater percentage increase in suicide rates than male youth. A study of youth ages 15 to 19 years showed suicide rates for female individuals more than doubled from 2007 to 2015, compared with a 31 percent increase for male individuals. A second study found female youth 10 to 14 years of age experienced the largest percentage increase in suicide rates compared with other age groups, tripling from 0.5 per 100,000 in 1999 to 1.5 per 100,000 in 2014.

The authors of the Ohio study felt that, although informative, the CDC reports failed to address the extent to which a disproportionate increase in suicide rates among female youth has been contributing to the narrowing gap, information crucial for developing targeted prevention strategies. The Ohio study examined the trends by sex, race/ethnicity, method of suicide, and regions using the most recent national mortality data available through 2016.

The Ohio sample of 85,051 youth was 80 percent male 20 percent female. It found that, following a downward trend until 2007, suicide rates for female youth showed the largest significant percentage increase compared with male youth –12.7 percent vs. 7.1 percent for individuals ages 10 to 14 years, and 7.9 percent vs. 3.5 percent for individuals ages 15 to 19 years, contributing to a discernable narrowing of the gap between male and female rates.

Among youth 15 to 19 years of age, the trend in suicide rates from 1975 increased 2.4 percent annually for female individuals until 1988, and 2.8 percent for male individuals until 1991, then decreased 2.2 percent for female individuals and 3.4 percent for male individuals each year until 2007. From 2007 to 2016, both sexes experienced an upward trend, increasing 7.9 percent per year for female youth and 3.5 percent for male youth.

The core finding is that following a downward trend in suicide rates for both sexes in the early 1990s, increasing rates of youth suicide since 2007 have been associated with an accelerated narrowing of the gap between male and female rates, with the largest percentage increase in younger female individuals. These trends were observed across all regions of the U.S.
**How #CrisisTalk is Transforming Dialogue in Behavioral Health**

The National Association of State Mental Health Program Directors (NASMHPD) and its Crisis Now partners have launched the #CrisisTalk website, sparking much-needed dialogue on behavioral health crises. The new publication provides a platform for diverse experts and people with Lived Experience to exchange thoughts, knowledge, and innovations. Each article shares a person’s perspective, whether that’s an emergency department doctor who tells her story, revealing the challenges emergency physicians experience when faced with a patient in crisis, or a student who was having suicidal ideation and his university chose legal self-protection over doing what was best for him.

The objective is to facilitate conversations about mental health crises, including missed opportunities, gaps, tools, and best practices. #CrisisTalk is sharing the diverse stories of people affected by behavioral health crises, including those who have experienced one, loved ones, and stakeholders who need to be part of the conversation, swinging the pendulum worldwide toward awareness and change.

#CrisisTalk interviews include the lens of mental health experts and first responders. They point out common misconceptions and challenges in their fields and the communities they serve. This includes why some do not form a full continuum of crisis care services. The discussions transcend geography and illustrate ways to make positive changes in the crisis space. Simply having a conversation with a person in crisis, a non-judgmental, empathic approach, along with a willingness to listen and sit with someone, can go a long way.

#CrisisTalk is part of CrisisNow.com, a roadmap to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that match people’s clinical needs to care. To learn more, visit www.CrisisNow.com/talk.

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**THIS WEEK: Dr. Draper of the Lifeline Believes a Three-Digit-Number for Mental Health and Suicide Crisis Will One Day be as Ubiquitous as 911**

The murder of Kitty Genovese in Queens, New York, in 1964 sparked outrage and was one of the driving forces behind the 911 emergency call system people know and depend on today. It wasn’t the murder itself that left people incensed but that 38 people witnessed Winston Moseley kill Genovese and did nothing about it. The behavioral reaction was later called The Bystander Effect or Kitty Genovese Syndrome. It turns out that at least one man did call the police to report that Genovese was seriously injured. His call went unanswered.

Most people can’t remember a time before a centralized number for people to call in an emergency; when people dialed 0 for an operator or directly called the nearest police or fire station. John Draper, Ph.D., project director of the SAMHSA-funded National Suicide Prevention Lifeline (800.237.TALK or chat), hopes that a three-digit-number for mental health and suicide crisis will one day be equally ubiquitous. “Right now people have to remember an 800-number, and even though calls go up 15-percent per year and 2.2 million calls were answered in 2018, we know that 13-million people seriously think about suicide each year, which means we are far from the universe of people who could be reached.”

Read More HERE.

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**Crisis Now Partners:**

The National Association of State Mental Health Program Directors (NASMHPD), founded in 1959 and based in Alexandria, VA, the National Association of State Mental Health Program Directors (NASMHPD) represents the $41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD (pronounced “NASH-bid”) is the only national association to represent state mental health commissioners/directors and their agencies, and serves as the lead for www.CrisisNow.com.

The National Suicide Prevention Lifeline and Vibrant Emotional Health provide free and confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health, the Lifeline engages in innovative public messaging, development of best practices in mental health, creative partnerships, and more to improve crisis services and advance suicide prevention for all. www.suicidepreventionlifeline.org | www.vibrant.org | www.twitter.com/800273TALK

The National Action Alliance for Suicide Prevention, the public-private partnership working with more than 250 national partners advancing the National Strategy for Suicide Prevention with the vision of a nation free from the tragic experience of suicide and a goal of reducing the annual suicide rate 20 percent by 2025. Administered by EDC, Inc., the Action Alliance was the catalyst for the Zero Suicide Healthcare and Crisis Now: Transforming Services innovations. www.theactionalliance.org | www.edc.org | www.twitter.com/Action_Alliance

The National Council for Behavioral Health is the unifying voice of America’s health care organizations that deliver mental health and addictions treatment and services. Together with their 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. The National Council introduced Mental Health First Aid USA and have trained more than 1.5 million Americans. www.thenationalcouncil.org | www.mentalhealthfirstaid.org | www.twitter.com/NationalCouncil

RI International (d/b/a for Recovery Innovations, Inc.) is a global organization that offers more than 50 programs throughout the United States and abroad, characterized by recovery and a focus on what’s strong, not what’s wrong. More than 50% of employees report a lived experience with mental health, and the “Fusion Model” crisis stabilization programs are featured in Crisis Now. The Company also provides training and consulting internationally and supports Zero Suicide International, a partnership with Behavioral Health Link. www.riinternational.com | www.zerosuicide.org | www.twitter.com/RI_International
MHTTC Webinar: Workforce Challenges and Solutions in Mental Health

**Wednesday, June 12, 1:00 p.m. to 2:00 p.m. E.T.**

Sponsored by the MHTTC Network Coordinating Office

Michael Hoge, Ph.D.
Professor of Psychiatry, Yale School of Medicine
Senior Science & Policy Advisor
The Annapolis Coalition on the Behavioral Health Workforce

There are longstanding concerns about whether the mental health workforce has been adequately trained and is large enough to meet the diverse needs of this country’s population. The concerns have become more acute as a strong U.S. economy drives greater recruitment and retention problems in this field. This webinar, facilitated by Michael Hoge, Ph.D., will briefly review the major challenges and then present an array of strategies for finding, keeping and building a more competent workforce. Innovative practices from across the country will be highlighted.

Note: No Registration Required

**Click HERE at the Time of the Event to Join the Webinar**

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World Elder Abuse Awareness Day - June 15, 2019

- Around 1 in 6 older people experienced some form of abuse in the past year.
- Rates of abuse may be higher for older people living in institutions than in the community.
- Elder abuse can lead to serious physical injuries and long term psychological consequences.
- Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.
- The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.
The National Coalition for Mental Health Recovery (NCMHR) is pleased to host

**Alternatives 2019**

Catholic University of America, Washington, D.C.

July 7 to 11

What is the Alternatives Conference? [Watch this Video.]

The Alternatives Conference is the oldest and largest conference of its kind, organized and hosted for more than three decades by peers for peers (people with lived experience of the behavioral health system, emotional distress/crisis, trauma, substance use, and/or addiction). The Alternatives conference is renowned for offering the latest and best information in the peer recovery movement, and provides an invaluable opportunity for peers to network with and learn from one another. This conference is funded entirely through registration fees and donations.

Alternatives 2019 is a great opportunity to learn new skills and share your passion for recovery, advocacy, the arts, multicultural and diversity awareness, youth involvement, and more! Come, find and raise your voice, share your expertise, meet old friends and make new ones! The theme this year is *Standing Together, Celebrating Our Gifts, Raising Our Voices*. Each year we come to the Alternatives Conference, standing together as a community, bringing a variety of lived experience and ways of maintaining wellness; celebrating the skill, talent and wisdom we each contribute toward making a vibrant learning community; and learn to access the power in raising our collective voice to influence policy, programming, and support. Together WE are Alternatives 2019!

Alternatives 2019 will include a two-day pre-conference, July 8 and 9, with a Public Policy and Education Academy on Monday and a “Hill Day” on Tuesday, when peer advocates will meet, by appointment, with the staff of their U.S. senators and congressional representatives. Now more than ever, it is important for us to participate in the national debate.

The Alternatives 2019 will officially open with dinner and keynote presentations on Tuesday evening, July 9, followed by workshops and caucuses on Wednesday and Thursday. Evening events include an Open Mic on Wednesday, and a Celebration Dance on Thursday. Attendees are welcome to stay overnight and leave in the morning after breakfast Friday.

**WORKSHOPS**

Workshops will be presented on Wednesday and Thursday. The workshops for 2019 are now available at [this page].

**HONOR PEER LEADERS IN YOUR COMMUNITY**

At each Alternatives Conference, awards are given to people who have contributed to our community. Please nominate people or organizations you feel are deserving of these awards by May 22. More information is at the nomination form.

Newer college dorm rooms with single beds and private or shared bathrooms will be available for an affordable price, and three buffet-style meals a day will be provided in the dining hall. All meeting rooms are ADA-accessible; some accessible dorm rooms can be reserved. Many hotels are also a few Metro stops away. There is a newly renovated Metro stop on campus; parking is also available. There are many hotels a few Metro stops away for those who wish to stay off campus.

Click for Caucus application  
Click for Exhibit application

Moving with the Times: 30 Years in Brain Injury Service and Delivery

![Annual State of the States in Head Injury Conference](image)

September 23-26, 2019
Kansas City, Missouri
The Center for Innovation in Mental Health (CIMH) invites all Primary Care Providers throughout the nation to participate in free trainings on Suicide Prevention/Suicide Safer Care. CIMH is offering these grant-funded trainings for primary care offices serving all populations at no cost to your organization.

Contact Virna Little at Virna.Little@sph.cuny.edu to schedule a training.

- Recipients receive a booklet manual
- Approved CME credits by the American Academy of Family Physicians
- Training time can vary based on organizational needs and requirements
- All members of the care team welcome to attend
According to the 2018 Annual Homeless Assessment Report (AHAR) to Congress, 113,000 more permanent supportive housing beds were dedicated to people with chronic patterns of homelessness in 2018 than in 2010, which reflects a 200% increase.

Please join us for a three-part webinar series on Housing First and Permanent Supportive Housing. This Spotlight Series will help providers of mental health and substance use services improve their practices and address housing instability among individuals and families affected by serious mental illness (SMI) and substance use disorders (SUDs). Deborah Werner, HHRN Technical Assistance Lead, will moderate the sessions.

Webinar 3: Funding and Policy Considerations
In a talk-show format, this webinar will address funding and policy considerations for Housing First and Permanent Supportive Housing. The discussion will include mechanisms for funding housing and support services; policies that underpin successful programs; and examples of how partnerships can promote innovation, affordability, and access. Managers, directors, and policymakers are encouraged to attend.

Speakers:
- Peggy Bailey, M.P.A., Director of the Health Integration Project, Center on Budget and Policy Priorities
- Ann Denton, M.Ed., Housing First/Permanent Supportive Housing expert
- Marty Fleetwood, J.D., Of Counsel to HomeBase, former Executive Director
- Rachel Post, LCSW, Senior Associate, Technical Assistance Collaborative
- Pat Tucker, M.B.A., M.A., Senior Program Manager, HHRN

Register Here for the June 20 session.

This series supports SAMHSA's strategic plan by identifying and promoting adoption of evidence-based practices.

SAMHSA’s Homeless and Housing Resource Network (HHRN) provides technical assistance and support to federal, state, and local agencies, as well as providers, individuals, and families who experience or are at risk of homelessness. Support is provided through individualized technical assistance, webinars/e-learning opportunities, products, workshops, and SAMHSA's Homeless Programs and Resources web pages.

SAMHSA’s Homeless and Housing Resource Network (HHRN)
Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776
Building a Foundation on the Streets: Assessing the Need for Mental Health Care in Encampments

Thursday, May 30, 3:30 p.m. - 5:00 p.m. E.T.

This webinar will focus on meeting people exactly where they are and working to identify and assess their needs. The presenters will also explore strategies for helping clients acquire and maintain the basic identification and documentation required to access various services, treatment, and other resources necessary for maintaining wellness.

Upon conclusion of the webinar, participants will be able to:

- Describe the importance of providing assessments for serious mental illness (SMI), substance use disorders (SUDs), and co-occurring disorders (CODs) in unsheltered environments.
- Identify potential needs associated with SMI, SUDs, or CODs and administer formal assessments in encampments and other unsheltered environments;
- Ensure people in unsheltered environments are comfortable with the assessment process and that their privacy and dignity are protected throughout the process; and
- Help clients acquire and maintain the basic identification and documentation needed to access various services and treatment.

The following panelists will share their expertise:

- **Aislinn Bird, M.D., M.P.H.**, Psychiatrist, Alameda County Health Care for the Homeless Program in Oakland, California
- **Wilma Lovada**, Community Health Outreach Worker, Alameda County Health Care for the Homeless StreetHealth in Oakland, California

**Register HERE**

Save the Date for a Future Webinar in this Series

Webinar 3: *Outside of the Box--Providing Mental Health Services and Treatment to Unsheltered Persons*,

**Thursday, June 27, 3:30 p.m. to 5:00 p.m. E.T.**

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.

The Center for Substance Abuse Treatment (CSAT) has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. CSAT is solely responsible for all aspects of the programs.
The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at www.narmh.org.

About Our Conference
The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Conference Theme: The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. The conference will focus on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics.

NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

Visit the NARMH website at www.narmh.org to explore the details of the 2019 NARMH Annual Conference. Questions & General Information: If you need additional information after visiting the NARMH 2019 conference website at www.narmh.org, please contact Brenton Rice, NARMH Event Planner, by email at brenton@togeevents.com or by phone at 651.242.6589.

The 2019 ISM Conference Planning Committee is hard at work developing an exciting agenda with topics relevant to health and human services and supporting technologies. A conference agenda will be available soon.

At the conference you will be able to...

- Connect with health and human services thought leaders;
- Participate in interactive learning sessions which will showcase solutions;
- Hear from peers about their work on lessons learned and best practices;
- Experience new technology and operation solutions; and
- Meet one-on-one with federal partners.

Watch the conference website for opportunities to nominate award-winning projects, a rising leader for the Emerging Leaders Program, become a sponsor of a conference experience or to find agenda details.

Start Planning Your Visit to the Milwaukee Area Now Learn More HERE
### SAMHSA Notice of Funding Opportunity

**Provider’s Clinical Support System – Universities Grants (TI-19-11)**

<table>
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<th>Funding Mechanism: Grant</th>
<th>Anticipated Total Available Funding: $3 million</th>
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<td>Anticipated Number of Awards: 20</td>
<td>Anticipated Award Amount: Up to $150,000</td>
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<tr>
<td>Length of Project: Up to 3 years</td>
<td>Cost Sharing: No</td>
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**Application Due:** Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2019 Provider’s Clinical Support System – Universities (Short Title: PCSS-Universities) grants. The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. This program’s focus is to ensure students fulfill the training requirements needed to obtain a DATA waiver to prescribe MAT in office-based settings. The desired outcomes include: 1) an increase in the number of individuals completing the training requirements for the DATA waiver, 2) an increase the number of individuals with a DATA waiver, and 3) an ultimate increase in those prescribing.

**Eligibility**

Eligible applicants are medical schools, physician assistant schools, and schools of nursing (programs for nurse practitioners will be focus). PCSS-Universities grantees that received an award in FY 2018 under announcement TI-18-014 are not eligible to apply for this program.

**Contacts:** **Program Issues** Anthony Campbell, R.Ph., D.O., Center for Substance Abuse Treatment, Division of Pharmacologic Therapy, SAMHSA, by phone at (240) 276-2702 and by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.

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### SAMHSA Notice of Funding Opportunity

**Rural Opioid Technical Assistance Grants (TI-19-010)**

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<td>Anticipated Award Amount: Up to $550,000</td>
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<tr>
<td>Length of Project: Up to 2 years</td>
<td>Cost Sharing: No</td>
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**Application Due:** Monday, June 7

The Substance Abuse and Mental Health Services Administration (SAMHSA), is accepting applications for fiscal year (FY) 2019 Rural Opioid Technical Assistance Grants (Short Title: ROTA). The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing opioid issues affecting these communities. It is expected that grantees will facilitate the identification of model programs, develop and update materials related to the prevention, treatment and recovery activities for opioid use disorder (OUD), and ensure that high-quality training is provided.

Through this program, SAMHSA will build upon a collaboration with the United States Department of Agriculture (USDA). The USDA provides Cooperative Extension Services programs to improve the quality of people's lives by providing research-based knowledge to strengthen the social, economic and environmental well-being of families, communities and agriculture enterprises. Extension experts focus on issues which affect rural communities. The USDA has recently identified opioid misuse in rural America to be one of the areas of focus of these programs. SAMHSA’s ROTA grants will build upon these Cooperative Extensions through expanding their reach.

**Eligibility**

Eligible applicants are existing USDA Cooperative Extensions grantees. ROTA grantees that received an award in FY 2018 under announcement TI-18-022 are not eligible to apply for this program.

**Contacts:** **Program Issues** Humberto Carvalho, Center for Substance Abuse Treatment, Division of Service Improvement, SAMHSA, by phone at (240) 276-2974 and by email.

**Grants Management and Budget Issues:** Eileen Bermudez, Office of Financial Resources, Division of Grants Management, SAMHSA, by phone at (240) 276-1412 or by email.
SAVE THE DATES!
NAMD 2019 Conference
Monday, November 11 to Wednesday, November 13
Washington Hilton, Washington, D.C.
Registration is Now OPEN

Join an audience from around the world working to improve health and health care
On June 2 to 4, 2019, more than 3,000 attendees will convene in the nation’s capital to share and strengthen the evidence needed to inform the decisions that affect the health of individuals and communities.

Register HERE

STAY CONNECTED
Stay up to date with ARM news, updates and related information by following AcademyHealth on Twitter at AcademyHealth and follow the hashtag #ARM19 to receive conference updates, connect with past and future attendees and join the conversation!

The Education Development Center is offering a series of suicide prevention train-the-trainer courses designed specifically for crime victim advocates who are not clinical mental health professionals.

With funding support from OVC, the Center developed the HOPE curriculum (Notice Hints, Ask Openly About Suicide, Validate Pain, and Explore Reasons to Live). This prevention training curriculum is designed specifically for crime victim advocates.

HOPE prepares advocates who work with adult crime victims to properly identify, intervene, and refer individuals who are exhibiting symptoms of suicidality to appropriate care and follow-up treatment. Event participants will learn how to deliver the HOPE curriculum.

REGISTER TODAY for one of the remaining 2-day trainings:
- May 21–May 22 in San Antonio, Texas
- June 4–5 in Portland, Oregon
- June 18–19 in Charlotte, North Carolina
- July 30–31 in Denver, Colorado
- August 1–2 in Denver, Colorado (this training is specifically for victim advocates who serve victims in Indian country)

A limited number of travel scholarships are available.
The purpose of this FOA is to invite applications to promote health equity and improve the health of individuals and populations at risk for suboptimal health outcomes through the use of primary care and community interventions that address chronic conditions, including prevention and management of multiple chronic conditions. This is to be accomplished by developing data resources, applying health services research methodologies and presenting data analytics to primary care providers, health care delivery systems, public health departments, and/or community organizations to help them address social determinants of health (SDOH) and contribute to the delivery of whole person, 360-degree care that meets physical, behavioral, and oral health, as well as social services, needs.

This FOA seeks to harness the power of data to improve individual and community health among those at greatest risk for preventable adverse health outcomes. Applications submitted to this FOA will propose to use data analytics to enable primary care providers to better prevent and manage chronic illness, including multiple chronic conditions, and to support public health and community organizations to use local SDOH information in planning for and addressing the health needs of at-risk individuals and communities.

Applicants can propose to focus on data analytics to inform: 1) primary care interventions, and/or 2) community interventions.

Primary Care Interventions

Applicants targeting primary care interventions should propose to develop easy-to-access data, analyses, analytic tools, and/or data-driven protocols aimed at enabling primary care providers to manage patients at high risk for preventable disease or disease progression. The recent report from the National Academy of Medicine, *The Future of Health Services Research*, provides examples of using predictive analytics and integrating large databases to improve primary care delivery to high-need populations. The report describes a project that used clinical, claims, SDOH data to characterize high-need, high-cost patients. They developed a social vulnerability index that is being translated into an actionable algorithm that health systems can run on their health information systems to help target effective interventions at the patient-level. One such intervention is the use of patient navigators, often embedded in a health care delivery organization, who can help patients negotiate the various systems to ensure patients receive the full array of needed services. Another example is the creation of a primary care data dashboard that imports SDOH data into health information systems so that practices can make better population health management decisions.

Alternatively, the data and analytic platform could be used to inform primary care providers’ participation in community interventions that benefit the providers’ entire patient population. For example, community SDOH data could be used to: 1) prioritize which specific SDOH the community should tackle first (e.g., preserving affordable housing, organizing recreational activities for socially isolated individuals, establishing farmers markets, improving air quality), or 2) geographically target high-need locations for forming community partnerships (e.g., with public health, social services).

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Applicants targeting community interventions should propose to use their data and analytics to better understand patterns of chronic disease, SDOH, and community resources and services. For example, applicants could consider use of hot spotting methods to identify geographic areas of higher rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education. Alternatively, applicants might discover a high prevalence of depression and poor eating habits among elderly women with rates of uncontrolled diabetes that community planners could use to allocate outreach workers, develop safe exercise spaces, and introduce healthy eating education.

Aligning health care and community interventions could greatly improve individual and community health outcomes. Applications targeting community interventions should address their connection with health care organizations (e.g., primary care, hospitals, integrated health systems) and how they could access and use these data.

Eligible Organizations

Higher Education Institutions
- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education
- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)

Governments
- State Governments
- City or Township Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized)
- Eligible Agencies of the Federal Government
- U.S. Territories or Possessions

Other
- Native American Tribal Organizations (other than Federally recognized tribal governments)
- Faith-based or Community-based Organizations
- Regional Organizations

**Apply Here**

**Agency for Healthcare Research and Quality**

**Funding Opportunity Announcement**

**Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management and Population Health (RFA-HS-19-002)**

**Funding Mechanism:** Grant  
**Anticipated Number of Awards:** 3  
**Length of Project:** Up to 3 years  
**Letter of Intent Due:** April 22

**Anticipated Total Available Funding:** $6 million  
**Anticipated Award Amount:** Up to $666,500 annually  
**Earliest Submission Date:** March 20  
**Cost Sharing:** No

**Application Due:** Monday, May 29

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Other
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- Faith-based or Community-based Organizations
- Regional Organizations

**APPLY HERE**
**UPCOMING WEBINAR**

**Target Audiences:** Counselors, Nurses/Nurse Practitioners, Psychiatrists, Physicians (Non-Psychiatrists), Psychologists, Social Workers, Peer Specialists/Peer Support

**Chronic Physical Health Management for Individuals with Serious Mental Illness: Integrated Care, Evaluation and Interventions**

**Friday, May 31, 12:00 p.m. to 1:00 p.m. E.T.**

This session examines health disparities among individuals with serious mental illnesses and factors that influence wellness, physical health management, and health literacy. Discussion will include: a review of factors influencing physical wellness in this population, identifying opportunities for screening, a description of successful, evidence-informed health interventions specifically designed for people with serious mental illness (e.g., WRAP, NEW-R, health navigators), and examination of strategies to implement and sustain these services within diverse mental health settings. Information from a community-based health study focusing on health literacy, health practices, and recovery also will be presented, and strategies to improve workforce competencies will be described.

**Register HERE**

**Accreditation**

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nurse/Nurse Practitioner Accreditation**

The American Psychiatric Nurses Association is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**Funded by**

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**NIMH NATIONWIDE RECRUITMENT FOR CLINICAL TRIAL – DEPRESSION AND BRAIN FUNCTION**

This inpatient and/or outpatient depression research study tests the effects of the combination of transcranial magnetic stimulation (TMS) and psychotherapy on brain function. Participation is for 8 weeks followed by 3 once-a-month follow-up visits or phone calls, and includes research evaluations, brain scans, and active TMS and psychotherapy, or inactive TMS and psychotherapy.

The study is recruiting individuals ages 18-65 with major depressive disorder, who are free of other serious medical conditions. Individuals who are currently taking antidepressants may still be eligible.

Registration for the National Wraparound Implementation Academy is Open

Early bird registration for the National Wraparound Implementation Center’s 4th National Wraparound Implementation Academy (NWIA) is OPEN. The NWIA, which will be held September 9 to 11 in Baltimore, is a biennial event that provides the opportunity to learn from the field’s foremost experts in Wraparound and systems of care and connect with peers from across the country.

Register NOW

Crisis Text Lines: The Local Experience

The National Crisis Text line has been a successful tool to support young adults. This webinar will feature two local communities that have adapted the use of crisis text lines as part of their service array.

Register NOW

Adolescent Intersections: Externalizing Disorders, Developmental Trauma, and Substance Use

This 90-minute Learning Community is presented from the specialized perspective of providing clinical services to youth with co-occurring mental health and substance use disorders – with careful attention included regarding the high prevalence of interwoven trauma and developmental trauma experiences. This Learning Community training is designed most specifically for clinicians providing direct care to youth and families and to those supervising these clinical staff. It will also benefit those concerned about designing programming for youth and families. Most clinicians recognize and readily agree that “adolescents are not adults” – but what does this mean? Understanding teenage behaviors is challenging enough without the extra complications of co-occurring mental health and substance use disorders. Externalizing disorders commonly co-occur with substance use disorders – and both of these are significantly impacted by trauma and complex trauma. When drug or alcohol use intersects externalizing disorder behaviors, symptom expression and understanding is significantly complicated. If all of this is framed within experiences of trauma, the already difficult understanding and planning is complicated further. And, the presence of one of these factors increases the likelihood of the others. Built on research-supported information blended with practice-learned lessons, the overlapping symptoms/presentations will be examined while considering differential diagnoses, psychiatric and medication involvements and intentionally-integrated care.

Register NOW

Keeping the Intervention Going: Planning for and Maintaining Long-Term Sustainability

Once effective interventions are in place, it is critical that these interventions receive sufficient attention and resources to preserve ongoing operations. Failure to adequately support evidence-based practices (EBP) can result in a poor return on investment. This 60-minute webinar will provide administrators and managers with considerations for early planning of ongoing operations and strategies for troubleshooting implementation issues that threaten sustainability. The webinar will also highlight an example of sustainment, presented by Dr. Lauren Brookman-Frazee, Professor of Psychiatry at University of California, San Diego, and Associate Director of the Child & Adolescent Services Research Center. Dr. Brookman-Frazee’s presentation will describe an observational study examining sustainment outcomes and determinants of sustainment in a system-driven implementation of multiple evidence-based practices delivered within the Los Angeles County Department of Mental Health since 2010.

Register NOW
SAMHSA’s Early Serious Mental Illness Treatment Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, or other conditions. These evidence-based programs provide medication therapy, family and peer support, assistance with education and employment and other services.

Individuals who experience a first onset of serious mental illness - which can include a first episode of psychosis - may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available and the earlier that an individual receives treatment, the greater likelihood that these treatments can lead to better outcomes and enable people to live full and productive lives with their family and friends.

SAMHSA has integrated data on first episode psychosis programs that was provided by NASMHPD and the NASMHPD Research Institute (NRI) into its existing treatment locator. Users receive information on Coordinated Specialty Care and other first episode psychosis programs operating in their state. This tool is designed to help quickly connect individuals with effective care in order to reduce the risk of disability.

You Can Access the SMI Treatment Locator HERE.

Social Marketing Assistance Available

Social marketing resources for system of care communities were developed by the SAMHSA-funded Caring for Every Child’s Mental Health Campaign team, which was a collaboration between NASMHPD, Vanguard Communications (link is external), Youth MOVE National (link is external), and the Federation of Families for Children's Mental Health (link is external). The Campaign was funded through Fiscal Year 2018. Below are a sampling of commonly-requested social marketing resources developed by the Campaign.

System of Care Cooperative Agreements that are currently funded by SAMHSA should seek social marketing technical assistance through the University of Maryland’s TA Network.

Other organizations or entities seeking social marketing technical assistance, including State Behavioral Health Agencies, are welcome to contact NASMHPD. Additional social marketing instructional materials, training, and consultation may be available. If you'd like to discuss your needs and/or have questions about how we can help, please contact Leah Holmes-Bonilla. If you would like to submit a request for social marketing technical assistance or training from NASMHPD, please fill out this application form.

Tip Sheets and Workbooks

Getting Started
- Brand Development Worksheet
- Creating Your Social Marketing Plan
- Developing a Social Marketing Committee
- Social Marketing Needs Assessment

Social Marketing Planning
- Social Marketing Planning Workbook
- Social Marketing Sustainability Reflection

Hiring a Social Marketer
- Sample Social Marketer Job Description
- Sample Social Marketer Interview Questions

Engaging Stakeholders
- Involving Families in Social Marketing
- Social Marketing in Rural and Frontier Communities
- The Power of Partners
- Involving Youth in Social Marketing: Tips for System of Care Communities
- The Power of Telling Your Story
NASMHPD continues to receive recognition from the behavioral health community at large, including from our friends at SAMHSA, for our 2017 Beyond Beds series of 10 papers highlighting the importance of providing a continuum of care beyond institutional inpatient care.

A 2018 10-paper follow-up to the Beyond Beds series is now up on the NASMHPD website. The 2018 papers take the 2017 theme one step further, to look at specific services offered in the community and factors impacting those services, covering such topics as early psychosis intervention, supportive housing and supported employment, suicide prevention for older persons, children’s crisis care coordination in the continuum of care, and trauma-informed interventions, as well as court-ordered referrals to determine competency to stand trial.

One of those papers, *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements*, authored by Robert Shaw of the NASMHPD Research Institute (NRI), reviews a 2017 NRI survey of the extent to which psychiatric bed registries—a “centralized system that uses real-time tracking to monitor the availability of psychiatric beds” are being implemented in the United States. The study found that 16 states had bed registries and that an additional 8 states were in the process of planning or developing a bed registry. In just over one-half the states with bed registries (9 states), participation in the registry was voluntary and very few states reported having registries that were updated 24/7 with real-time information. The types of beds covered by the registries generally included beds in state and private hospitals, and general hospital psychiatric beds, but only a few covered crisis beds, either for mental illness or substance use disorders, or Veterans Administration beds.

The NASMHPD Technical Assistance Coalition series will continue in 2019.

**Following are links to the other nine reports (in final draft) in the 2018 Technical Assistance Coalition series.**

- **Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes**
- **Weaving a Community Safety Net to Prevent Older Adult Suicide**
- **Making the Case for a Comprehensive Children’s Crisis Continuum of Care**
- **Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach**
- **Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention**
- **Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness**
- **A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness**
- **Medical Directors’ Recommendations on Trauma-informed Care for Persons with Serious Mental Illness**
- **Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1**
Visit the New Resources at
NASMHPD's Early Intervention in Psychosis (EIP) Virtual Resource Center
These new TA resources, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, are now available for download!

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


Training Guides
Training Videos: Navigating Cultural Dilemmas About –
1. Religion and Spirituality
2. Family Relationships
3. Masculinity and Gender Constructs

Transiti oning Clients from Coordinated Specialty Care: A Guide for Clinicians (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

Best Practices in Continuing Care after Early Intervention for Psychosis (Jessica Pollard, Ph.D. and Michael Hoge, Ph.D.)

Training Webinars for Receiving Clinicians in Community Mental Health Programs:
1. Overview of Psychosis
2. Early Intervention and Transition
3. Recommendations for Continuing Care

Addressing the Recognition and Treatment of Trauma in First Episode Programs (Andrea Blanch, Ph.D., Kate Hardy, Clin. Psych.D., Rachel Loewy, Ph.D. & Tara Neindam, Ph.D.)

Trauma, PTSD and First Episode Psychosis
Addressing Trauma and PTSD in First Episode Psychosis Programs

Supporting Students Experiencing Early Psychosis in Schools (Jason Schiffman, Ph.D., Sharon A. Hoover, Ph.D., Samantha Redman, M.A., Caroline Roemer, M.Sc., and Jeff Q. Bostic, M.D., Ed.D.)

Engaging with Schools to Support Your Child with Psychosis
Supporting Students Experiencing Early Psychosis in Middle School and High School

Addressing Family Involvement in CSC Services (Laurie Flynn and David Shern, Ph.D.)

Helping Families Understand Services for Persons with Early Serious Mental Illness: A Tip Sheet for Families
Family Involvement in Programming for Early Serious Mental Illness: A Tip Sheet for Clinicians

Early Serious Mental Illness: Guide for Faith Communities (Mihran Kazandjian, M.A.)

Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model (Susan Essock, Ph.D. and Donald Addington, M.D.)

For more information about early intervention in psychosis, please visit
https://www.nasmhpd.org/content/early-intervention-psychosis-eip
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NASMHPD Links of Interest

FAQs: Centers for Medicare & Medicaid Services Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) Demonstration Opportunity Technical Assistance Questions and Answers, Center for Medicaid and CHIP Services, May 17


The 3Ps: What It Takes to Provide Healthcare Access to Kids, Dennis Walto, CEO of Children’s Health Fund, Medium, May 7

Potential Pitfalls of Using Antidepressants for Anxiety Disorders, Psychiatry and Behavioral Health Learning Network: APA Meeting Newsroom: May 19

Prevalence and Risk Factors of Major Depressive Disorder Among Women at Public Antenatal Clinics From Refugee, Conflict-Affected, and Australian-Born Backgrounds, Rees S.J., Ph.D., et al., JAMA Network Open, May 3

Marketplace Pulse: Medicaid Managed Care Organizations in the Individual Market, Katherine Hempstead, Ph.D., M.A., Robert Wood Johnson Foundation, May 20

Medicaid Demonstrations: Approvals of Major Changes Need Increased Transparency, Government Accountability Office, May 17

Addressing Problematic Opioid Use in OECD Countries, OECD Health Policy Studies, Organization for Economic Cooperation and Development (OECD), May 16

Social Determinants of Health: From Insights to Action: Making SDOH Scalable with Technology, GENEIA, March 2019

As Suicides Rise, Insurers Find Ways to Deny Mental Health Coverage, Cynthia Koons & John Tozzi, Bloomberg Business Week, May 16

Mindfulness Smoking Cessation App Can Change the Brain, Mollie Rappe, MedicalXpress, May 15 & Quitting Starts in the Brain: A Randomized Controlled Trial of App-Based Mindfulness Shows Decreases in Neural Responses to Smoking Cues That Predict Reductions in Smoking, Janes A.C., et al., Neuropsychopharmacology, April 30

Legal Advocacy to Improve Care for Older Adults with Complex Needs, Sarah Hooper, Joel Teitelbaum, Ami Parekh & Anne Fabiny, Health Affairs Blog, May 17

Teen Suicide-Why It’s on the Rise and Thoughts on How to “Prevent” this Trend, Brooke Lehmann, Capitolworks Blog, April 16

Video: Co-Occurring Disorders Mental Health & Substance Abuse, TA Network, May 22