Individual Placement and Support (IPS) International Learning Community Welcomes Practitioners to Denver to Share Supported Employment Successes, Challenges

More than 200 practitioners and champions of the Individual Placement and Support (IPS) model of supported employment for individuals with serious mental illness gathered in Denver last week to discuss their experiences in establishing and maintaining IPS programs at 238 sites in 24 states and regions of the U.S., New Zealand, Australia, Canada, England, Japan, Spain, and the Netherlands.

Psychiatrist Robert E. Drake, M.D., Ph.D., and Rehabilitation Counselor Deborah R. Becker, M.Ed., CRC., creators of the IPS model and leaders of the IPS Employment Center at the Rockville Institute, welcomed the attendees to the 1½-day annual conference. The 15th annual gathering featured discussions among peers and family advocates, vocational rehabilitation partners and liaisons, trainers, mental health leaders, IPS Fidelity Reviewers, and international colleagues.

Discussion topics included: Leadership Strategies for IPS Implementation and Dissemination; Federal Funding for Supported Employment; Ensuring IPS Services for Diverse Groups, Including Indigenous People; TANF and IPS; First Episode Psychosis and IPS; IPS in Non-Traditional Settings; and the engagement of peers support specialists in IPS supported employment.

Presentations included a keynote address by disability rights attorney Patrick Holkins of the U.S. Department of Justice, and a research update by IPS/Westat researcher Gary R. Bond, Ph.D., on ongoing studies, including a federal Westat study of the impact of IPS supported employment on individuals deemed by the Social Security Administration to be ineligible for Disability Benefits and extension of the model to other populations (see story on other IPS research, below). Representatives of the Department of Veterans Affairs presented on IPS Innovation, Dissemination, and Sustainability at the VA. And the host Colorado IPS team presented on highlights and history of that state’s program.

The IPS model, created in 2003 and recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice, integrates state mental health programs with state job search programs to provide not only access to the client’s job of choice within 30 days, but also medically necessary mental health services, and follow-along supports to help the applicant navigate the workplace environment, working with the employee and employer in achieving long-term, competitive, productive employment leading to recovery. The job must be open and available to any qualified individual in the general labor market, not set aside or reserved exclusively for individuals with disabilities, and offers ample opportunities for the individual to interact with peers without disabilities and the general public to the same extent as a job offered individuals without disabilities employed in a comparable position. It must pay the customary wage in the market.

The IPS model features a special focus on maintaining fidelity, with scheduled reviews of fidelity using a 25-measure scale.

Study Finds IPS Model to be Promising Intervention for Veterans with PTSD, and Potentially for Individuals with Other Psychiatric, Musculoskeletal Disorders

A study published in the February 28 Psychiatric Services in Advance finds the Individual Placement and Support (IPS) model of supported employment to be a promising intervention for veterans with Post-Traumatic Stress Disorder (PTSD).

The study by researchers Gary R. Bond, Ph.D., Jacqueline A. Pogue, M.A., and Robert E. Drake, M.D., Ph.D., reviewed nine controlled trials with 2,902 participants, including six trials with individuals who had psychiatric disorders other than serious mental illness, two trials with individuals with substance use disorders, and one trial with individuals who had spinal cord injuries. In eight of the studies, results for competitive employment rates and outcomes significantly favored IPS.

The strongest findings were for veterans with PTSD, where 76 percent of participants gained competitive employment, compared to 28 percent of control participants. IPS participants also worked longer and earned higher income.

The researchers acknowledge that methodological limitations included small samples, major modifications to IPS fidelity for each population group, and short follow-up periods, but suggest that IPS with modifications is a promising employment intervention for people with anxiety, depression, musculoskeletal or neurological conditions, and pain syndromes. They suggest further development, amplification, and replication of studies of the other populations observed.
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SPONSORS & EXHIBITORS SOUGHT, REGISTRATION OPEN for the September 9-14 International Initiative for Mental Health Leadership (IIMHL) & International Initiative for Disability Leadership (IIMDL) Leadership Exchange in Washington, DC

Crisis Now Summit 2019, September 9-10, Washington, D.C.

Adolescent Marijuana Use Associated with Risk of Depression, Suicidality in Young Adults

Registration for the National Academy for State Health Policy (NASHP) 32nd Annual Conference in Chicago, August 21 - 23

Crisis Now CrisisTalk: Misha Kessler on Why Behavioral Healthcare Must be Accessible to Students in a Crisis

MHTTC Webinar: Workforce Challenges and Solutions in Mental Health

June 15 is World Elder Abuse Awareness Day

June 19 Webinar: When the Guardian is an Abuser

September 23-26 NASHIA 2019 State of the States in Head Injury Conference

July 7 to 11 National Coalition for Mental Health Recovery Alternatives 2019 Conference in D.C.

HHRN May 20 Webinar: Homelessness, Housing First, and Permanent Supportive Housing: Funding and Policy Considerations

AATOD 2019 Conference, October 19-23, Disney World

Annual National Association for Rural Mental Health Conference, August 26 to 29

APHSA IT Solutions Management for Human Services (ISM) Annual Conference, September 22 to 25 in Milwaukee

SAMHSA Funding Opportunity Announcement: Rural Opioid Technical Assistance Grants (TI-19-010)

SAMHSA Funding Opportunity Announcement: Provider's Clinical Support System – Universities Grants (TI-19-11)

Register NOW for the NAMD Conference, November 13 to 15

AcademyHealth Annual Research Meeting, June 2 to 4

AHRQ 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)

SMI Adviser Upcoming Webinar for May

NIMH Nationwide Recruitment for a Clinical Trail – Depression and Brain Function

Suicide Prevention Training for Crime Victim Advocates

SAMHSA Funding Opportunity Announcement: National Evaluation of the Technology Transfer Center Program (TI-19-009)

TA Network Webinars and Opportunities

The Early Serious Mental Illness Treatment Locator Has Been Updated with NASMHPD/NRI Data

Sign Up for the SAMHSA Mental Health Technology Transfer Center Network Pathways Newsletter

Social Marketing Assistance is Available

2018 NASMHPD Technical Assistance Coalition

“BEYOND BEDS” Working Papers

Resources at NASMHPD’s Early Intervention in Psychosis Resource Center

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 State Alcohol and Drug Abuse Directors. Prior to her becoming the New Jersey Assistant NASMHPD's Housing Task Force. on the Board of Directors of the National Association of Registration Now Open!!!

Register HERE to Attend
CLICK HERE To View the DRAFT Network Meeting Program

Leading the Way Forward: Access, Accountability and Action
International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL)

Leadership Exchange
CLICK HERE TO ACCESS A VIDEO & LEARN MORE

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

Crisis Now Summit 2019
September 9 – 10, 2019

Taking the Lead
Investing in Community Crisis Response/Continuum

Washington D.C. 2019

URGENT & EMERGENCY CARE
CRISIS NOW
Transforming Crisis Services

NASMHPD IIMHL
Adolescent Marijuana Use Associated with Risk of Depression, Suicidality in Young Adults

Cannabis consumption in adolescents is associated with an elevated risk of developing depression and suicidality later in life, even when premorbid conditions were controlled, according to research published May 1 in JAMA Open Network.

Lead researcher Gabriella Gobbi, M.D., Ph.D., with McGill University Health Center in Montreal, Canada, and her colleagues conducted a systematic literature review of longitudinal studies that measured cannabis use during adolescence to assess the risk of developing depression, anxiety, and suicidality in early adulthood (ages 18 to 32). The literature search was conducted from inception of the databases to January 2017 from the following databases: Medline, Embase, CINAHL, PsycInfo, and Proquest Dissertations and Theses. A total of 269 articles were reviewed, with 11 studies encompassing 23,317 subjects were included in the analysis (7 for depression, 3 for anxiety, 3 for suicidal ideation, and 3 for suicide attempt). Prior history of mental health conditions and other variables (tobacco, alcohol) were adjusted.

The researchers found that the odds ratio (OR) for developing depression in young adulthood among adolescent cannabis users was 1.37 in comparison to nonusers of the drug. When controlling for gender, females had a tendency to develop depression in later life if they consumed marijuana in adolescence.

While the OR for anxiety was not significantly significant, the OR was highest for suicide attempt and suicide ideation (3.46 and 1.50, respectively). Younger cannabis users (14 to 15 years of age) were at a significantly higher risk of suicidal behaviors in young adulthood in contrast to older adolescents (ages 16 to 17).

Dr. Gobbi and her colleagues conclude that their findings indicate that the attributable risk of developing depression from cannabis use in young adulthood is 7.2 percent, estimating that 413,326 young adults in the United States would develop depression. Their research supports the thesis that the brain is “intrinsically more vulnerable to the adverse long-term effects of environmental insults, such as exposure to the cannabis chemical THC.”

The findings support public health initiatives to educate teenagers on the imminent mental health risks of depression and suicidality associated with adolescent cannabis consumption and encourage teaching youth the skills needed to defy peer pressure to use drugs.

Join the National Academy for State Health Policy’s (NASHP)’s 32nd Annual State Health Policy Conference. Planned by state health policymakers for state health policymakers, NASHP’s annual event is a “must-attend” for the state health policy community. With a carefully crafted agenda focusing on emerging issues and current best practices within states, #NASHPCONF19 will bring together the nation’s leading experts to share, learn, and discuss.

Hundreds of state health policymakers representing all branches and of government and all 50 states and Washington, DC are in attendance each year. Also present are federal and government officials and representatives from nonprofit organizations that focus on state health policy, advocates, consultants, foundations, health plans, private providers, trade associations, health technology firms, and more! In short, anyone invested in advancing excellence in state health policy attends NASHP’s Annual Conference to benefit from the unlimited educational and networking opportunities.

State Officials-Only Summit on Rx Pricing Added to #NASHPCONF19 Agenda!

NASHP’s annual state health policy conference, Aug. 21-23, 2019, in Chicago, now features a new session entitled, State-Only Summit on Rx Pricing: Debrief and Next Steps. This special summit follows two prescription drug-focused sessions that are open to the public:

- A day-long preconference, The Latest State Actions to Tackle Rx Prices and What’s Next?, on Wednesday, Aug. 21; and
- A morning session, entitled New Recipes to Control Rx Pricing, on Thursday, Aug. 22.

After the two public sessions, state lawmakers, employees, and officials can attend the state-only summit late Thursday afternoon to debrief, network, share ideas and strategies, and identify next steps to lower Rx costs. Preregistration is required for the summit, which is included in the conference’s registration fee.

Register NOW
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 develop 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.

THIS WEEK: Misha Kessler on Why Behavioral Healthcare Must be Accessible to Students in a Crisis

Misha Kessler was a sophomore in college when he began to increasingly isolate himself, believing he’d become a burden to friends and family. These ruminating thoughts, combined with insomnia, reached a fever pitch. He thought he found his solution, an escape from pain, when he crawled out a windowsill of his dorm room, six stories above the ground, and willed himself to jump. In looking back into his dorm room and seeing his image in the full length, closet mirror, Kessler’s anxiety and self-hatred turned into rage. Launching himself back into the room, he stood in front of the mirror and punched it repeatedly, slicing his hand. The action calmed Kessler, but also made him realize the severity of the situation. “I hated myself so much that I punched out the mirror: my reflection. That was the moment when I knew, ‘Okay, this is serious. I need help.’”

Years later, Kessler can look back and identify precursors to suicidality that culminated with him stepping out onto the windowsill on January 18th, 2011. Kessler is gay and grew up in Cincinnati, Ohio, where he spent much of his childhood and teenage years internally conflicted between social acceptance and wanting to be himself. “I was so worried that I wasn’t passing as straight and giving myself away.” It started a destructive habit where he would examine his friends’ body language and responses to him, believing they thought him annoying and not fun to be around. Kessler says that this was when he began to perceive himself as burdensome. “There was a direct correlation between needing to hide who I was and never being able to be myself, and that developed into a preoccupation that I was doing something awkward and wasn’t funny or popular enough. For years, an inadequacy script ran through my head and eventually translated into full-fledged depressive isolation.”

The clues were there, says Kessler. He had sought help from a therapist in the months before his suicide attempt, but accessibility to behavioral healthcare isn’t always easy for students, and that was true at the time for the university Kessler attended, George Washington University in D.C.

Read More HERE.

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 provides free and confidential emotional support and crisis counselling 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.rinternational.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

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.
WEBCAST

When the Guardian is an Abuser

Wednesday, June 19, 11:00 a.m. P.T./2:00 p.m. E.T.

Courts name guardians to protect adults from abuse, neglect, or exploitation; however, in some circumstances, guardians are perpetrators of such actions. Guardians wield immense power over adults in their care. More information is needed on the extent and consequences of abuse by guardians. However, recent media reports, as well as reports by the Senate Special Committee on Aging and the Government Accountability Office (GAO), and Background Briefs by the National Center for State Courts, highlight egregious cases in which guardians have taken advantage of their positions. What can an advocate do when a guardian becomes an abuser?

This webcast will cover the following on abuse, neglect, and/or exploitation by family or nonprofessional and professional guardians:

- Case examples
- Detection
- Reporting
- Court response and intervention
- Finding systemic solutions

This webcast is part of the National Center on Law and Elder Rights (NCLER) Elder Justice Toolkit, and builds on previous Toolkit webcasts, including Elder Abuse: Mandatory and Permissive Reporting For Lawyers and Signs of Abuse, Neglect, and Exploitation.

Presenters:

- Dari Pogach, Staff Attorney, American Bar Association Commission on Law and Aging
- Erica Wood, Assistant Director, American Bar Association Commission on Law and Aging
- Jim Berchtold, Attorney, Consumer Rights Project, Legal Aid Center of Southern Nevada

Closed captioning will be available on this webinar. A link with access to the captions will be shared through GoToWebinar’s chat box shortly before the webinar start time.

Register HERE
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

Annul State of the States in Head Injury Conference
September 23-26, 2019
Kansas City, Missouri
Homeless and Housing Resource Network (HHRN)

Housing First and Permanent Supportive Housing Spotlight Series

Webinar 3: Funding and Policy Considerations
June 20, 3:30 p.m. to 5:00 p.m. E.T.

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.

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.

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)
The goal of this year’s conference is to educate, and promote the acceptance and integration of Medication Assisted Treatment (MAT) options by all stakeholders and systems affected by the opioid crisis. The AATOD Workshop Committee has assembled an outstanding curriculum that not only reflects this theme, but should be fresh, dynamic, diverse and appealing to a broad range of disciplines. The Conference will include workshops on the most cutting edge topics facilitated by experts in the field. These include the integration of MAT and the criminal justice system, pain management in MAT, technology assisted treatment, expanding MAT in rural areas, and innovative approaches to increase access and retention. There will be more workshops on specific counseling approaches and a selection on better known but still timely topics such as peer recovery supports, stigma, and cannabis use in MAT. For those newer to the field or those who want a refresher on the basics, we have once again included a “Foundations” track which will include selections on MAT 101, pharmacology, co occurring disorders, core counseling skills, and much more.

We are also pleased to once again include the popular Hot Topics Roundtable Discussions. There will be five topics facilitated by experts, which will include a comparison of the three approved medications used in MAT, the use of technology to improve care, the effect of legal cannabis on treatment, insurance parity, and stigma. There will also be Posters on display during the conference along with scheduled Poster Author Sessions to facilitate discussions on cutting edge research being conducted across the world.

CLICK HERE to View the Listing and Descriptions of the Conference Sessions

We hope to see you in October!
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.

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**2019 ISM Annual Conference**

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)**

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $3 million  
**Anticipated Number of Awards:** 20  
**Anticipated Award Amount:** Up to $150,000  
**Length of Project:** Up to 3 years  
**Cost Sharing:** No  
**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)**

**Funding Mechanism:** Grant  
**Anticipated Total Available Funding:** $6.6 million  
**Anticipated Number of Awards:** 11  
**Anticipated Award Amount:** Up to $550,000  
**Length of Project:** Up to 2 years  
**Cost Sharing:** No  
**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

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.
Eligible Organizations could access and use these data. Interventions should address their connection with health care organizations (e.g., primary care, hospitals, integrated health systems) and how they aligning health care and community interventions could greatly improve individual and community health outcomes. Applications targeting community to discrimination could inform the provision of cultural sensitivity training of police, case workers, and other service providers. About inquiries that measured unmet needs could guide expansion plans for housing and hunger programs. Data on community levels of stress due access with mobile devices to identify in real time available shelter beds, nearby food pantries, or other services to address SDOH. Data collected example of using data analytics to inform a community intervention would be a data platform that outreach workers, police, and the public could. Residences and social isolation. Equipped with that data, community planners could develop recreational and nutritional outreach programs. 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).

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 residential and social isolation. Equipped with that data, community planners could develop recreational and nutritional outreach programs. Another example of using data analytics to inform a community intervention would be a data platform that outreach workers, police, and the public could access with mobile devices to identify in real time available shelter beds, nearby food pantries, or other services to address SDOH. Data collected about inquiries that measured unmet needs could guide expansion plans for housing and hunger programs. Data on community levels of stress due to discrimination could inform the provision of cultural sensitivity training of police, case workers, and other service providers.

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 Other Than 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)

**Other**
- Native American Tribal Organizations (other than Federally recognized tribal governments)
- 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.

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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

Telling Stories That Work: Framing Child Well-Being and Systems of Care

This webinar will focus on framing child well-being and systems of care.

Register NOW

Quality Collaborative on Improving the Use of Psychotropic Medications for Youth in Residential Treatment Facilities - June Project Update Call

This Collaborative-wide Project Update Call provides the opportunity for the nine participating RTF teams to inform one another on innovations, challenges and lessons they’ve experienced related to their project objectives to date. RTF teams will share relevant data and resources they have developed as part of their work, along with next steps they will implement in the subsequent phase of their work.

Register NOW

Assessment of Psychosis-Risk Syndrome in the Real World

In this webinar, Barbara C. Walsh, Ph.D., Clinical Coordinator of the PRIME Clinic at Yale and Jennifer Newfield, L.C.S.W., from the First Hope Program in Contra Costa County, California, will describe the process of assessing individuals for Psychosis-Risk Syndrome (also known as Clinical High Risk for Psychosis) in the community. It will include an overview of the Structured Interview for Psychosis-Risk Syndrome (SIPS) tool and syndromes, why use of a structured tool is important, how it relates to DSM-diagnosis, and how it can be used effectively to support community-based treatment.

Register NOW

Strategies for Preventing Custody Relinquishment for Mental Health Services

This webinar will focus the issue of parents relinquishing custody of their children solely to obtain mental health services that they could not access otherwise. The information is based on a recently completed project to obtain up-to-date information across states to inform efforts by mental health and child welfare agencies to eliminate custody relinquishment for treatment. Presenters will review the extent to which this practice continues, progress that has been achieved in reducing its occurrence, and approaches used by states to prevent it. Examples of strategies implemented in two states, their impact, and continuing challenges will be discussed, along with information about how other states and communities can implement similar approaches. This webinar is part of the Systems of Care Leadership Learning Community.

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)

**Windows of Opportunity in Early Psychosis Care: Navigating Cultural Dilemmas** (Oscar Jimenez-Soloman, M.P.H, Ryan Primrose, B.A., Hong Ngo, Ph.D., Ilana Nossel, M.D., Iruma Bello, Ph.D., Amanda G. Cruz, B.S., Lisa Dixon, M.D. & Roberto Lewis-Fernandez, M.D.)

**Training Guides**

**Training Videos: Navigating Cultural Dilemmas About –**

1. **Religion and Spirituality**
2. **Family Relationships**
3. **Masculinity and Gender Constructs**

**Transitioning 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.nasmhpdp.org/content/early-intervention-psychosis-eip](https://www.nasmhpdp.org/content/early-intervention-psychosis-eip)*
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NASMHPD Links of Interest

Patients Managing Medications and Reading Their Visit Notes: A Survey of OpenNotes Participants, DesRoches C.M., Dr.P.H, et al., Annals of Internal Medicine, May 28

SDOH Screening Differs Widely Among Community Health Centers, Greg Slobadkin, Health Data Management, May 14

Opioid Task Force Playbook, College of Healthcare Information Management Executives (CHIME), & CHIME Playbook Seeks to Optimize Use of IT Against Opioids, Fred Bazzoli, Health Data Management, May 26

Guidance for States on the Availability of an Extension of the Enhanced Federal Medical Assistance Percentage (FMAP) Period for Certain Medicaid Health Homes for Individuals with Substance Use Disorders (SUD), CMCS Informational Bulletin, Center for Medicaid and CHIP Services, May 7

Acting to Prevent Potential Gun Violence in School Settings: Sharing of Protected Health Information (PHI), Center of Excellence for Protected Health Information, May 28 Bold Plan to Tackle SF’s Crisis on the Streets Calls for Guaranteed Mental Health Treatment, Heather Knight, San Francisco Chronicle, May 28

HHS Fact Sheet On Direct Liability of Business Associates under HIPAA, Department of Health and Human Services Press Release, May 24


Factors Associated With Use of Mental Health and Substance Use Treatment Services by Justice-Involved Youths, Yonek J.C., Ph.D., et al., Psychiatric Services, May 29

Hospitalization for Psychosis Tied to Substance Misuse, Treatment Delays, Medication Nonadherence, Psychiatric News Alert, May 16 & Predictors of Hospitalization of Individuals With First-Episode Psychosis: Data From a 2-Year Follow-Up of the RAISE-ETP, Robinson D.G., M.D., et al., Psychiatric Services, May 14