CMS Officials Emphasize Stronger Partnerships with the State Medicaid Programs, Greater State Flexibility Conditioned on Greater Accountability

Two high-ranking Centers for Medicare and Medicaid Services (CMS) officials told attendees at separate plenary sessions of the National Association of Medicaid Directors’ (NAMD’s) annual meeting this week that CMS is focusing on building stronger relationships with state Medicaid officials, offering states new flexibility under waivers, and easing the administrative burden on states.

CMS Administrator Seema Verma told the approximately 1,000 people in attendance at the NAMD conference on November 7 that CMS would focus on three themes in working with states to restore Medicaid as a Federal-state partnership: state flexibility, accountability, and integrity. Both Ms. Verma and Medicaid and CHIP Services (CMCS) Director Brian Neale noted two CMCS Informational Bulletins released November 6 that are designed to streamline approval procedures for State Plan Amendments and § 1915 waivers and for § 1115 waivers. Mr. Neale called the new procedures, some of which will fast-track renewals of existing waivers, part of a new CMS strategy of “continuous improvement”. Mr. Neale also pointed to a November 2 State Medicaid Director Letter (SMDL) which revises a July 2015 SMDL authorizing waivers of the IMD exclusion for inpatient substance use services as part of a comprehensive continuum of care designed to address the opioid epidemic.

Mr. Neale said CMS is currently reviewing the May 2016 Medicaid and CHIP Managed Care Regulations with an eye towards making revisions that would ease the burden of administration for states. The first step in that process was the issuance of a November 2 CMCS Informational Bulletin clarifying how states might utilize value-based purchasing models and other directed payment initiatives under the managed care regulations.

Other managed care regulation provisions under review include the 15-day per month managed care coverage of capitated payment for IMD services. When asked by the moderator whether CMS will be able to craft § 1115 waivers for mental health IMD services similar to the waivers for substance use disorder services, Mr. Neale said CMS is reviewing the issue but is restricted by the fact that the IMD exclusion is statutory and that CMS needs to better understand what the costs would be of such a waiver. In 2016, Congressional Budget Office estimated the costs of revising the exclusion under certain circumstances at $60 to $80 billion dollars. But he said his agency is looking at ways to broaden the authority under the managed care regulations or cover some services—such as transition services—offered within an IMD.

Both Administrator Verma and Mr. Neale noted that while there will be fewer “boxes for states to check” going forward, states will be expected to report outcomes regularly so that the Medicaid program and state initiatives specifically becomes more data-driven, relying on data within the Medicaid system rather than data provided by outside entities. Both also promised that CMS would be developing and publishing next year a new Medicaid program scorecard on the CMS website that tracks program performance at both the Federal and state levels. Mr. Neale promised the performance measures utilized would be aligned across the various Health and Human Services programs.

Ms. Verma said she would also be focused on ensuring that able-bodied, adult Medicaid beneficiaries are “moved up, moved on, and moved out” of the program. She emphasized the Medicaid program should be “a promise to help people move up to their highest potential” .. “more than a safety net— it should be a lifeline” designed to “ensure no deserving individual falls through the cracks.”

Administrator Verma said CMS would be focusing on community engagement, promoting programs such as work and training programs that “instill hope” for beneficiaries, rather than “just handing them a Medicaid card.” She said the Medicaid program “would not just accept the hollow victory” of increasing program enrollment numbers.

Ms. Verma said that the Affordable Care Act had increased Federal and state Medicaid expenditures in adding “able-bodied adults,” “endangering the original design of the program.” She said the Obama Administration had engaged in “soft bigotry” by not permitting states to insist that able-bodied, adult beneficiaries join the workforce.
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The Ripple Effect of Opioids on Child Welfare

*Thursday, November 16, 1 p.m. to 2 p.m. ET*

The opioid epidemic's impact on Child Welfare is front page news. Yet the ripple effect goes undocumented - skyrocketing caseloads increases the volume and rate of information flooding into the agency. Learn how Fairfield County (OH) teamed up with Ohio’s Attorney General on a public awareness campaign and implemented an approach to manage the information overload.

**Presenters:**
- **Kristi Burre**, Deputy Director, [Fairfield County Child and Adult Protective Services](#)
- **Rich Bowlen**, Vice President, Protective Services, [Northwoods](#)

[Register HERE](#)

### Technical Assistance on Preventing the Use of Restraints and Seclusion

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

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

To Apply for Technical Assistance, [Click Here](#)

We look forward to the opportunity to work together.

### Lawsuit Seeks to Impose Legal Duty on Institutions of Higher Education to Provide Care to Prevent Student Suicides

The father of a Massachusetts Institute of Technology graduate student who ended his life in a campus suicide is seeking to hold MIT responsible because he said it knew the 25-year-old student was a suicide risk and failed to provide him the reasonable care he needed.

The case before the Massachusetts Supreme Judicial Court seeks to revive a lawsuit brought by the father of student Han Nguyen. MIT told the Court on November 7 that the school tried to provide Nguyen services, but he rejected them because he wanted to keep his mental health issues separate from his academic life. Nguyen was receiving professional help outside of the school, but none of those professionals thought he was at risk of suicide.

Nguyen's professors shared concerns about his mental health in the months before he leaped to his death from a campus building in 2009, with one professor urging another to give him a passing grade to prevent his death.

If the Massachusetts Court supports the Nguyen family’s legal theory, the court would be the first state supreme court to find higher education institutions have a legal duty to provide care to address suicidal ideation.

The case has alarmed colleges and universities, including Harvard and Tufts, which have filed *amicus* briefs.
Advancing & Integrating Specialized Addiction Treatment & Recovery

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

The 2018 AATOD Conference will be held March 10 to 14, 2018 at the New York Marriott Marquis in the heart of New York City's Times Square.

True to the conference theme, Advancing & Integrating Specialized Addiction Treatment & Recovery, AATOD has scheduled a rich learning experience with highly regarded presenters that includes new information, to build on concepts from past conferences as well as drill down into more specialty areas as the field evolves across settings, treatment paradigms, and target populations. The sessions take into consideration the multidisciplinary nature of the AATOD participant group in hopes that each attendee will find workshops, posters, and hot topics highly relevant to their particular role in advancing the work of addressing opioid use disorders.

Workshops topics will include some of the most common co-morbid issues facing OTPs, such as pain management, pregnancy, housing services, stigma, and integrated care. Specific target populations—will be—addressed such as women, parents, veterans and those engaging in sex work. There will also be workshops on new and current issues, such as working with grief and loss, addressing legal cannabis in the OTPs, use of technical assistance, telemedicine, and cultural competence. And the latest and most innovative evidence based practices for our criminal justice system, policy makers, and administrators will also be presented.

Our five Hot Topics Roundtable discussions facilitated by experts will include issues facing the elderly, integrated care, medical maintenance, stigma, and peer services. We feel this selection of topics will surely stimulate participant discussion, debate, and innovative ideas to take back home to our respective areas of work and our clinics nationwide.

Keep an eye out for the Registration Brochure with all the details next month! See you in New York City.

Make a Hotel Reservation
2016 Conference Photos

This conference is sponsored by New York State Office of Alcoholism and Substance Abuse Services (OASAS) and COMPA, the Coalition of Medication Treatment Providers and Advocates.

American Association for the Treatment of Opioid Dependence (AATOD), Inc.

212-566-5555 - info@aatod.org
Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of January 22–28, 2018, and help shatter the myths about drugs and alcohol. It’s easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

Plan Your Event—5 Steps to Hosting

Already planning to host an event? Register Your Event HERE

Also, check out NIDA’s one-stop shop for teachers for information and resources to use with your students. Visit teens.drugabuse.gov/teachers to learn more! For more information, contact drugfacts@nida.nih.gov.

Technical Assistance Opportunities for State Mental Health Authorities

Through NASMHPD, SAMHSA supports technical assistance (TA) for state behavioral health agencies to improve mental health service systems and facilitate effective use of the Mental Health Block Grant.

Under the State TA Contract, states can request off-site (such as telephone and web-based) or on-site TA, including in-person training and consultation on issues important to promoting effective community-based services. TA is provided by national experts selected jointly by the state and NASMHPD, and SAMHSA provides support to pay for consultant fees and travel expenses. States can request TA is provided on a broad range of topics, including:

- **Improving Services & Service Delivery Systems.** Examples include tailoring care to specific groups such as older adults; implementing programs for persons in early stages of psychosis; expanding the use of person-centered treatment planning; developing crisis response services; implementing and ensuring fidelity to evidence-based practices; increasing early identification & referral to care for young people; and promoting trauma-informed, recovery-oriented care.

- **Systems Planning/Operations.** Examples include support for strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; and integration of behavioral health and primary care.

- **Expanding the Peer Workforce.** Examples include training and certification of peer specialists; peer whole health training; supervision of peer specialists; and using peer specialists to work with individuals who are deaf and hard of hearing.

- **Financing/Business Practices.** Examples include maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; and compliance with Mental Health Block Grant requirements.

State Mental Health Commissioner/Directors or designees may request TA by submitting a TA request directly into SAMHSA’s online TA Tracker at http://tatracker.treatment.org/login.aspx. If you’ve forgotten your password or have other questions about using the online system, please send an e-mail to tatracker@treatment.org.

For assistance in developing a TA request, please contact your SAMHSA Project Officer or Jenifer Urrf, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urrf@nasmhpd.org or by phone at (703) 682-7558. We’re happy to discuss ideas and ways that we can support you in strengthening the mental health service system in your state.
Livestream the
50-STATE SUMMIT ON PUBLIC SAFETY

November 13 & 14

On November 13–14, The Council of State Governments Justice Center, in partnership with the Association of State Correctional Administrators, is hosting an unprecedented convening of lawmakers, corrections administrators, law enforcement officials, and behavioral health professionals from all 50 states to analyze and discuss local trends in public safety. The event will examine crime, corrections, and behavioral health trends state by state to develop effective solutions that elected officials at all levels of government can support. Topics that will be covered during the live-streamed portion of the event include: reducing crime and strengthening communities; breaking the cycle of reoffending; and, strategies to enable reinvestments in public safety.

Confirmed speakers include:

- Rod Rosenstein, Deputy Attorney General, U.S. Department of Justice
- Matt Bevin, Governor, Kentucky
- U. Renée Hall, Chief, Dallas (TX) Police Department

OPTUM Labs®

OPIOID INSIGHTS FOR ACTION DAY - JOIN US BY LIVE STREAM

November 16, 8:30 a.m. to 3 p.m., ET

Join Optum at its Opioid Insights for Action Day at the OptumLabs Research & Translation Forum in Boston.

The U.S. opioid epidemic is complex, and will take creative collaboration among diverse stakeholders to develop solutions that reverse its trajectory. OptumLabs is convening industry experts and influencers to explore and drive change by partnering on this immense health system challenge.

Join us November 16 as we immerse you in a “living lab” designed to evaluate what’s working — and what’s not — and translate insights into action. Don’t miss this opportunity to connect virtually with stakeholders to drive system change.

Engage with Optum, OptumLabs, and our partners and discover how we’re working together with a world class health care data set to:

- Build a Key Performance Metric Dashboard in 4 domains—prevention, pain management, OUD treatment and maternal & child health
- Drive innovative research projects and actionable insights
- Deliver key programs aimed at reversing the opioid epidemic

KEYNOTE SPEAKERS

- The Opioid Epidemic: How We Got Here, How We End It
  Michael Botticelli
  Executive Director, Grayken Center for Addiction Medicine, Boston Medical Center;
  Former Director, Office of National Drug Control Policy

- The Opioid Crisis - Changing the Trajectory
  Gary Mendell
  Founder and CEO, Shatterproof

Register NOW
SAMHSA TECHNICAL ASSISTANCE OPPORTUNITIES

Call for Applications for the SAMHSA 2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy

The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the call for applications for the 2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy. Participants in the 2018 Policy Academy will receive intensive technical assistance (TA) to support planning, undertaking, and sustaining initiatives that create or strengthen recovery support services as an integral part of treatment for individuals with serious mental illness or substance use disorders.

All states, territories, and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations (tribal entities) are eligible to create a team and apply. SAMHSA will select as many as eight teams to participate. Although past participants in the BRSS TACS Policy Academy are eligible, preference will be given to applications from entities that have not previously participated in a BRSS TACS Policy Academy.

The Policy Academy will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans. The applying jurisdiction’s substance use disorder, mental health, or behavioral health authority—or the broader agency to which that authority belongs—must submit the application. For jurisdictions with separate mental health and substance use disorder authorities, a single entity designated by the two authorities may submit the application, but SAMHSA will encourage collaboration between the two authorities and will require team representation by both entities. The entity submitting the application will have responsibility for and oversight of Policy Academy participation and will ensure implementation of the team’s Action Plan.

Applications are due December 19. An informational webinar will be held on November 16.

You are encouraged to share this information with your networks. To access further information about the opportunity and the application, please visit: http://center4si.com/brsstacs/2018_BRSS_TACS_Policy_Academy_Application.pdf. Questions may be directed to policy.academy@center4si.com.

Applications Being Accepted for 2018 Capacity Building Opportunity: Intensive Technical Assistance

SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) is pleased to announce the 2018 Capacity Building Opportunity, an intensive technical assistance opportunity for peer-run organizations, recovery community organizations, family-run organizations, and youth- and young adult-run organizations.

Up to 25 organizations will be selected to receive individualized consultation, training, and peer-to-peer support over the course of a 6-month period in one of five areas:

1. Partnering With State Systems To Advance Recovery
2. Advancing the Peer and Family Support Workforce
3. Building Infrastructure and Organizational Capacity
4. Sustaining Recovery in Educational Settings
5. Supporting Re-Entry

Applications are due Monday, November 27 at 8 p.m. ET. Please note that previous recipients of the 2017 SAMHSA BRSS TACS Capacity Building Opportunity are ineligible to apply. For answers to questions pertaining to this opportunity, please email BRSSSTACSCapacityBuilding@center4si.com or call 781-247-1711.
HHS Community Health News

National Native American Heritage Month - November

This November, join HHS and the Office of Minority Health in celebrating Native American Heritage Month. Here are ways that you can commemorate this important observance:

- Educate your community! Read up on the history of the Native peoples of the Americas and the creation of Native American History Month.
- Raise awareness! Organize a community event to raise awareness about the health disparities that exist among Native American communities.
- Share your story! How is your community celebrating Native American Heritage Month? Share your story or tweet with us throughout the month.
- Chart your family health history. Knowing your family history is important to understanding your risk for disease and helping your clinicians provide the best care. The My Family Health Portrait tool from the U.S. Surgeon General’s Office provides a private and easy-to-use web-based resource to organize family health history information.

On Opioids/Substance Use Disorders

Recording: Hope In Action: An Overview of the Practical Toolkit for Faith and Community Leaders in the Face of the Opioid Epidemic. Faith leaders and your community can support prevention efforts, reduce risk, and provide support to those who are in and seeking recovery. This webinar reviews the six different strategies outlined in the Partnership Center’s Practical Toolkit.

Community Capacity Building


The HHS Partnership Center convened national experts to talk about the opioid epidemic and other addictions to raise awareness, encourage compassion, reinforce the role of community and families in long-term recovery and prevention, and make a call to action. Here is a link (https://youtu.be/4tNKAASSHpQ) to watch the recording of the live stream event.

Please help us spread awareness by sharing this information with your community and feel free to use the following language on social media:

#Recovery, Prevention & Hope: Hear From National Experts About The #OpioidCrisis, #PartnersInHope https://youtu.be/4tNKAASSHpQ

#Learn About Opioids, Treatment, #Recovery, & Prevention With #PartnersInHope https://youtu.be/4tNKAASSHpQ

SAMHSA Minority Fellowship Program: 2017-2018 Application Dates

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
<th>Application Link and Organization Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Association for Marriage and Family Therapy</td>
<td>12/2/2017 – 1/31/2018</td>
<td>12/2/2017 – 1/31/2018</td>
<td>N/A</td>
<td><a href="http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx">http://www.aamftfoundation.org/Foundation/What_We_Do/MFP/Application_Information/Application_Information.aspx</a></td>
</tr>
<tr>
<td>American Nurses Association</td>
<td>4/30/17 - 4/30/18</td>
<td>Applications Open Until all vacancies filled</td>
<td>N/A</td>
<td><a href="http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess">http://www.emfp.org/Main-Menu-Category/Fellowships/MFP-Fellowship/MFP-ApplicationProcess</a></td>
</tr>
<tr>
<td>American Psychiatric Association</td>
<td>11/1/2017- 1/30/2018</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship">http://www.psychiatry.org/residents-medical-students/residents/fellowships/about/samhsa-minority-fellowship</a></td>
</tr>
<tr>
<td>NAAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>Applications accepted on rolling basis until all vacancies filled.</td>
<td><a href="https://www.naadac.org/About-the-nmfp">https://www.naadac.org/About-the-nmfp</a></td>
</tr>
</tbody>
</table>

Application Deadline: December 21, 2017, 3 p.m. ET

Social connections can help us thrive. But too many people feel disconnected from society and from life, and that contributes to a host of physical, mental and emotional health problems. School children, teens, new mothers, immigrants, LGBT people, people living in remote areas, even millennials with thousands of Facebook friends, often feel excluded or like they don’t belong.

We want to learn about solutions that have worked in other countries to address social isolation across all ages and life stages, so that we can strengthen social connection in the United States. Are you a U.S.-based organization that wants to adapt an idea from overseas? Or an international institution with an idea that could work in the United States?

Purpose
At the Robert Wood Johnson Foundation (RWJF), we believe that everyone in America—no matter who that person is, how much money they have, or where they live—should have as much opportunity as possible to pursue a healthier life. We call that vision a Culture of Health and we work with people across the country to build a Culture of Health. Across the globe, countries are taking steps to improve health and well-being in their communities. RWJF is eager to learn from those countries. We are collaborating with people and organizations around the world to uncover insights that can inspire us all to imagine new possibilities and to surface practical solutions that can be adapted here in the United States.

With this call for proposals (CFP), RWJF is looking for the best ideas from around the world that address social isolation and promote positive, healthy social connections, and well-being.

Eligibility and Selection Criteria
RWJF is looking for applicants who represent organizations from a wide range of fields and disciplines—both within and outside the health sector. We encourage proposals from both U.S.-based applicants to adapt an overseas idea, and from international applicants with ideas that could work in the United States. We encourage submissions from teams that include both U.S. and international members. We seek to attract diversity of thought, professional background, race, ethnicity, and cultural perspective in our applicant pool. Building a Culture of Health means integrating health into all aspects of society, so we encourage multisector partnerships and collaboration.

Proposals must fit with the topic and populations described, integrate global ideas into the project, and must highlight the connections to the Culture of Health Action Framework.

See full Call for Proposals for more information.

Key Dates
November 9, 2017 (1–2 p.m. ET) Informational webinar for prospective applicants. Registration is required.
December 21, 2017 (3 p.m. ET) Deadline for receipt of proposals.
Mid-April 2018 Semifinalists notified and asked to address questions in scheduled telephone call with RWJF staff.
May 1–15, 2018 Telephone calls with semifinalists. Please hold these dates on your calendars.
Mid-June 2018 Finalists notified.
September 2018 Grants begin.

Total Awards
Up to $2.5 million will be available for this funding opportunity.
Projects may be up to three years in duration

Key Materials
- Preview a sample proposal before submitting
- Funding Opportunity Brochure (PDF)
- Frequently Asked Questions

Apply HERE
UPCOMING WEBINAR OPPORTUNITY
First Episode Psychosis Resources: Focus on Effective Treatment Options
Wednesday, November 15, 2 p.m. to 3:30 p.m. ET

About 3 percent of Americans will experience an episode of psychosis during their lifetime. In most cases, individuals experience a first episode of psychosis during their teen years or early adulthood. Research shows that providing early access to treatment and services improves outcomes and reduces disability. With support from SAMHSA, NASMHPD and NRI have produced several technical assistance resources related to the development and implementation of effective programming to support people experiencing early serious mental illness, especially first episodes of psychosis.

This webinar will provide an overview of 13 new TA resources, which are available on the NASMHPD website at https://www.nasmhpd.org/content/information-providers. In addition, national experts will provide a more in-depth look at two of the resources focused on effective treatment options:

- **Cognitive Behavioral Therapy for Psychosis (CBTp)**
  Kate Hardy, Clinical Psych. D., Stanford University Dept. of Psychiatry and Behavioral Health

- **Treating Affective Psychosis within Coordinated Specialty Care**
  Iruma Bello, Ph.D., Columbia University Medical Center Dept. of Psychiatry and NYS Psychiatric Institute

Register HERE
75-Hour (10-Day) Certified Peer Specialist Training
for Individuals Who Are Deaf and American Sign Language Users
December 4 to 15, 2017
Hyatt Place, 440 American Ave, King of Prussia, PA 19406

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is recruiting qualified individuals who are deaf, use ASL, are seeking employment and want to take Certified Peer Specialist (CPS) training to learn how to use their personal experience in mental health recovery to help other individuals who are deaf and have mental health needs.

The following is a link to a video announcement in ASL providing details on this important training: https://youtu.be/Ehm14SdALZ4

Certified Peer Specialists will be trained to:
- Offer support and assistance in helping others in their mental health recovery
- inspire hope and share their mental health recovery story to help others
- Promote empowerment, self-determination, understanding, coping skills, and resiliency

CPS training/employment guidelines for Pennsylvania residents:
- Deaf and ASL user
- 18 years of age or older
- Has received or is receiving mental health services for serious mental illness
- Has a high school diploma or general equivalency diploma
- From 2015 through 2017:
  o maintained at least 12 months of successful work or volunteer experience, or
  o earned at least 24 credit hours from a college or post-secondary educational institution
- Must be seeking employment and willing to work upon completion of CPS training

To complete an online training application, email PJ.Simonson@riinternational.com to request an application for the CPS Training for Deaf Candidates. Forms will be emailed to you to complete online and return.

OMHSAS is offering this training opportunity to individuals from other states who are deaf and ASL users and meet their state/territory training requirements to become a Certified Peer Specialist. Out of state applicants should contact PJ Simonson for information regarding training fees.

Application Deadline is November 13
Please address questions via email to PJ Simonson at RI Consulting or via phone at (602) 636-4563.

CENTER FOR TRAUMA-INFORMED CARE

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

November Trainings

Maryland
November 14 - Jewish Social Service Agency, Rockville
November 15 - The Samaritan Women, Baltimore

New Jersey
November 30 & December 1 - Greystone Park Psychiatric Hospital, Morris Plains

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
The **5 Ways Juvenile Court Judges Can Use Data** brief provides examples of how juvenile court judges can use aggregate data to learn more about their courtroom practices and the jurisdictions they serve. This brief is one of a series, supported by the Office of Juvenile Justice and Delinquent Prevention’s (OJJDP) Juvenile Justice Model Data Project.

**Remembering Trauma: Connecting the Dots between Complex Trauma and Misdiagnosis in Youth** is a short film from The National Child Traumatic Stress Network. The film highlights the importance of using a trauma lens when working within child-serving systems and the potentially detrimental impact of not incorporating a trauma framework. The film follows a traumatized youth from early childhood to older adolescence illustrating his trauma reactions and interactions with various service providers.

**Call for proposals:** NICWA’s 36th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect will be held in Anchorage, Alaska, on April 15-18, 2018. This conference will focus on the well-being of tribal youths. Proposals should focus on children’s mental health; child welfare, foster care, and adoption services; judicial and legal affairs; and youth and family involvement. Submission deadline: Nov. 16.

The University of Maryland School of Social Work is pleased to invite individuals with expertise in integrating system and improving outcomes in behavioral health for children, youth, young adults, and their families to submit their Call for Proposals for the **University of Maryland, Baltimore Training Institutes** July 25-28, 2018. Call for Proposals will open this week. Keep an eye out for the link!

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**TA Network November Events**

**Early Childhood LC: Infant and Early Childhood Mental Health Consultation**
*Tuesday, Nov. 14, 2:30 - 4:00 p.m. ET*
This webinar will focus on how Infant and Early Childhood Mental Health Consultation (IEMHC) fits within a larger early childhood system of care. There will be a presentation from the SAMHSA-funded Center of Excellence on IECMHC and then hear from states that are putting theory into practice.

**Integrating Child Welfare and Behavior Health**
*Wednesday, Nov. 15, 01:30 - 03 p.m. ET*
This webinar will provide an overview of various tribal child welfare models and services, including review of the relationships between, trauma child maltreatment and mental health.

**SOC Leadership Expansion Learning Community - Considerations for System of Care Leaders for Serving Youth and Young Adults of Transition Age**
*Wednesday, Nov. 15, 2:30 - 4:00 p.m. ET*
This session will focus on special considerations for state and local leaders in planning and implementing services and supports for youth and young adults of transition age. Presenters will describe policy and systemic issues that leaders must address, and peer learning will be provided by SOC initiatives that have successfully implemented policy change.

**Youth Leaders LC: Working with LGBTQI2S Youth**
*Monday, Nov. 20, 3:30 - 5 p.m. ET*
October’s Youth Leaders forum, presented by Peter Gamache, PhD, will cover working with youths and young adults who have behavioral health issues in the LGBTQI2S community.
Recovery to Practice Announces an On-Demand Continuing Medical Education (CME) Webinar Series

This two-course series offers information and resources for physicians, clinicians, and other practitioners serving individuals with serious mental illness and co-occurring substance abuse disorder.

In this scenario-based series, participants meet “Nick,” a young father with many strengths and who is challenged by both substance abuse and mental illness. The course explores the question: How do I approach Nick and help him meet his needs in ways that are both clinically sound and recovery-focused?

The faculty are national experts in recovery, including psychiatrists, a psychologist, a social worker, a nurse, and peers. They offer tools, tips, and strategies for addressing Nick’s needs, and those of other individuals facing similar challenges.

Course 1: Principles, Assessment, and Psychopharmacology in Recovery-Oriented Care

Course 2: Engagement, Staged Interventions, and Recovery Supports for Co-Occurring Disorders

Watch one or both courses at your convenience! Each course is approved for 1.5 AAFP (American Academy of Family Physicians) prescribed credits.

Course Objectives

After viewing, learners will be able to:

1. Summarize a recovery-oriented approach to the treatment of individuals with co-occurring mental and substance abuse disorders.

2. Describe the process of recovery-oriented, strength-based engagement, assessment, and intervention, including psychopharmacology treatment, for individuals with co-occurring mental and substance abuse disorders.

3. Describe non-medication recovery and support approaches for individuals with co-occurring mental health and substance abuse conditions.

Course Faculty

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NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

NASMHPD has just released 11 new SAMHSA technical assistance resources to support states in implementing the Mental Health Block Grant’s 10% Set-Aside for early serious mental illness, including programs to serve people experiencing a first episode of psychosis. These resources provide reliable information for practitioners, policymakers, individuals, families, and communities to promote access to evidence-based treatment and services with the long-term goals of reducing or eliminating disability and supporting individuals in pursuing their life goals.

The resources are posted on the Early Intervention in Psychosis Virtual Resource Center on the NASMHPD website, which also includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness and other early intervention initiatives. The virtual resource center provides an array of information that is updated on a periodic basis. A number of new resources have been posted:

**Fact Sheet: Cognitive Behavioral Therapy for Psychosis (CBTp)** by Kate Hardy
Cognitive Behavioral Therapy for Psychosis (CBTp) is a psychotherapy that has been shown to be effective in first episode programming. This fact sheet provides a brief, clear overview of the principles and techniques that are used in CBTp. Specific examples are included to aid in service delivery.

**Brochure: Right from the Start: Keeping Your Body in Mind**
Adapted from a brochure by the Greater Manchester Mental Health NHS Foundation
People experiencing psychosis may be at higher risk for physical illnesses such as diabetes, so it’s important to promote physical and mental health together as part of a comprehensive wellness plan. This brochure provides simple tips and a checklist for people experiencing psychosis for the first time and those who care for them to support healthy, active lives.

**Information Brief: First-Episode Psychosis: Considerations for the Criminal Justice System**
by Leah G. Pope and Stephanie Pottinger (Vera Institute of Justice)
People experiencing psychosis are over-represented in the criminal justice system, and research indicates that many people have interactions with the justice system prior to receiving treatment for mental health issues. Using the Sequential Intercept Model as a framework, this information brief offers suggestions for the justice system to identify and divert people from jails and prisons and into effective Coordinated Specialty Care programs.

**Information Brief: Outreach for First Episode Psychosis**
Given the desire to identify and provide services to individuals experiencing a first episode of psychosis as soon as possible, it is important to systematically reach out to organizations and people who are likely to be in contact with them. In this information brief we summarize insights from interviews that were conducted with several programs and state mental health authorities throughout the country regarding their outreach strategies.

**Issue Brief: Measuring the Duration of Untreated Psychosis within First Episode Psychosis Coordinated Specialty Care**
by Kate Hardy, Tara Niendam, and Rachel Loewy
One of the strongest predictors of positive outcomes in first episode psychosis is the duration of untreated psychosis (DUP). It is therefore important that programs attempt to monitor progress in reducing DUP. In this issue brief, we discuss the complex set of issues involved in reliably measuring DUP and suggest strategies that programs may employ to address these challenges.

**Issue Brief: Understanding and Addressing the Stigma Experienced by People with First Episode Psychosis**
by Patrick Corrigan and Binoy Shah
Stigma – which includes stereotypes, prejudice, and discrimination – can lead to diminished self-esteem and confidence. It can deprive people who have been diagnosed with mental illnesses of important life opportunities. This issue brief examines the issue of stigma for people experiencing a first episode of psychosis through two key questions articulated by the National Academy of Sciences: What is the stigma? And How might this stigma be diminished?

**Issue Brief: Substance-Induced Psychosis in First Episode Programming** by Delia Cimpean Hendrick and Robert Drake
People who use alcohol and other psychoactive drugs, especially heavy users, are prone to psychotic episodes that are not always recognized as being due to acute intoxication or withdrawal. Recognizing and appropriately responding to substance-induced psychosis may improve long term outcomes. In this issue brief we discuss the epidemiology, diagnosis, and treatment of individuals whose psychosis is related to substance use.

**Issue Brief: Workforce Development in Coordinated Specialty Care Programs** by Jessica Pollard and Michael Hoge
As Coordinated Specialty Care (CSC) has grown in the United States, there has been increased attention to the workforce challenges related to operating these programs. In this issue brief, we address a set of recurring questions related to workforce competencies, recruitment, retention, effective orientation, and training and supervision that are critical for the ongoing development of effective CSC programs. We provide strategies for a comprehensive workforce development effort.

**Issue Brief: Treating Affective Psychosis and Substance Use Disorders within Coordinated Specialty Care** by Iruma Bello and Lisa Dixon
While much of the literature supporting the use of Coordinated Specialty Care is based on research with individuals who have non-organic and non-affective psychosis, some programs may also treat individuals whose have affective psychoses or are substance involved. In this brief we detail the special considerations and approaches that may be used with individuals in CSC programs with affective or substance-related conditions.

**Guidance Manual: Educating Communities to Identify and Engage Youth in the Early Phases of an Initial Psychosis: A Manual for Specialty Programs** by William McFarlane and Rebecca Jaynes
The PIER program has a nationally-recognized model for community outreach that seeks to include the full range of settings in which individuals with a first episode of psychosis may appear. In this guidance manual, PIER leaders describe their conceptualization of this task, underscore its fundamental importance for affecting population outcomes, and provide detailed guidance regarding the elements of a comprehensive outreach and public education effort.

To view the EIP virtual resource center, visit NASMHPD’s EIP website.
The NASMHPD Weekly Update is taking a two-week break, but we’ll be back on December 1. We’ll keep members updated via the listservs. Have a wonderful Thanksgiving.