CHIP Funding Reauthorization Passes Senate Finance Committee Easily, But House Energy and Commerce Committee Struggles with Offsets

Legislation to reauthorize funding for the Children’s Health Insurance Program for an additional five years, which easily passed the Senate Finance Committee by voice vote earlier in the day, hit a stumbling block in the parallel House Energy and Commerce (E&C) Committee over funding offset provisions opposed by Democrats.

Senate Finance had passed its version of the measure with only one nay vote after Committee members agreed to withhold about two dozen amendments, on both CHIP- and non-CHIP-related issues, until the bill reaches the Senate floor.

However, the House E&C Committee’s version of the bill included funding offsets for the CHIP funding extension which ran into vocal opposition from Committee Democrats. Those “offsets” included elimination of the Affordable Care Act’s Independent Payment Advisory Board (IPAB), elimination of what remains of the ACA’s Prevention and Public Health Fund, disqualification of lottery winners from Medicaid eligibility, and increasing Medicare premiums for Medicare enrollees with modified adjusted gross incomes of $500,000 or more (and couples with MAGI of $875,000 or more). Hospital Disproportionate Share payments would also be cut $8 billion in FYs 2026 and 2027 each, although the DSH cut schedule would be delayed again for one year.

In addition to objecting to the funding offsets, Democrats complained that negotiations over a bipartisan approach had broken down. The Committee went into recess after 80 minutes of one-minute statements to attend a voting session on the floor. It returned after an almost two-hour absence and voted on other bills on the agenda, before returning to the CHIP bill. After almost two hours of additional debate, the Committee approved the CHIP bill, 28-23, with all of the Committee’s Democrats opposed.

Aside from the funding offsets missing in the Senate bill, the Senate and House measures were identical. The bills provided—in addition to funding through FY 2022, a reduction in the ACA’s 23 percent Federal funding bump after 2019. The bills would halve the bump to 11.5 percent in FY 2020, then return Federal funding to pre-ACA levels in FYs 2021 and 2022.

In addition, the bills would extend the CHIP Maintenance of Effort requirements for three years, from October 1, 2019, through September 30, 2022, but only for children in families with annual incomes less than 300 percent of the Federal Poverty Level. The bills would extend Express Lane Eligibility, the Qualifying State Option, and the Child Contingency Fund for five years. Finally, the bills would include the Childhood Obesity Demonstration Project, the Pediatric Quality Measures Program, and Outreach and Enrollment Grants for an additional five years.

The bills would also increase Federal funding for Puerto Rican Medicaid for two years at levels recommended by the Medicaid and CHIP Payment and Access Commission—levels Democrats called insufficient in light of the damage to Puerto Rico caused by the recent hurricanes.

Table of Contents

| CHIP Funding Reauthorization Encounters Democratic Opposition in House Committee Over Pay-Fors |
| CMHSS Funds FY 2018 Transformation Transfer Initiative (TTI) Grants; Applications Due October 27 |
| National Quality Forum Panel Publishes Health Equity Roadmap |
| Hopkins Study Finds Gun-Related Injuries, Including Suicides, Cost $2.8 Billion Annually |
| November 1 Webinar on Coping with Stress & Depression |
| National Federation of Families for Children’s Mental Health Annual Conference, November 9 through 12 |
| Mass Shooting Response Resources from the TA Network |
| Disaster Distress Helpline / Hurricane Response Resources from the Center for the Study of Traumatic Stress |
| New Resources Posted to the EIP Resource Center |
| SAMHSA Minority Fellowship Programs Application Dates |
| Position Available: Director of National Hotline Member Services |
| November 9-12 Annual Conference on ADHD |
| November 1-3 NADD Annual Conference |
| October Children’s TA Network Upcoming Events |
| October 10 Webinar: Immigrant Students Experiencing Homelessness: Latest Developments & Resources |
| October 16-18 INAPS Annual Peer Support Conference |
| 75-House (10-Day) Certified Peer Specialist Training for Individuals Who are Deaf & American Sign Language Users |
| October 23-25 NDBH Conference: Framing the Future of Behavioral Health Services |
| Recovery to Practice On-Demand CME Webinar Series: Clinical Decision Support for Prescribers Treating Individuals with Co-Occurring Disorders |
| TA on Preventing the Use of Restraints and Seclusion |
| October 19 NIMH Presentation: Coping Strategies for Anxious Kids |
| State Mental Health TA Project |
| October Center for Trauma-Informed Care Trainings |
| NASMHPD Board & Staff |
| NASMHPD Links of Interest |
CMHS Funds FY 2018 Transformation Transfer Initiative (TTI) Grants; Applications Due October 27

The Center for Mental Health Services (CMHS) has announced it will fund another year of the Transformation Transfer Initiative (TTI) administered in part by NASMHPD. CMHS is expected to award six TTI contracts of $220,000 each to support programs that develop, strengthen, or sustain innovative projects or programs focusing on Recovery Oriented Cognitive Therapy. These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, either through a new initiative or expansion of one already underway. All proposals should focus on SMI or SED populations.

Recovery Oriented Cognitive Therapy is a teachable and transformative evidenced-based practice that operationalizes recovery and resiliency. According to recent studies, people with schizophrenia, even those in the most chronic conditions, can see dramatic illness improvements using Recovery Oriented Cognitive Therapy. It is a treatment approach that prioritizes attainment of personally set goals, removal of roadblocks, and engagement of individuals in their own psychiatric rehabilitation. It is a collaborative, person-centered, and personalized treatment with all interventions based on the individual’s cognitive case formulation, tailored for patients who have difficulties with attention, memory, and executive functioning, and/or who have low motivation. Further, it employs a variety of methods to target negative attitudes and associated beliefs to foster change, promote personal mastery, and remove roadblocks to the self-sustaining movement toward recovery. State systems can promote continuity of care and improve outcomes by implementing this approach in many different places within their service system, such as jails, nursing homes, ACT teams, hospitals, and programmatic residences. In addition, many different mental health providers can be trained in CT-R, such as social workers, nurses, clinicians, front-line staff, case managers, and peer specialists.

As an example, Dr. Paul Grant from the University of Pennsylvania presented at the NASMHPD Annual 2017 Meeting on how Recovery Oriented Cognitive Therapy can be utilized to help people with long lengths of stay and stuck in hospitals move successfully to the community.

When choosing a proposed initiative, applicants should keep in mind the TTI requirement for measurable outcomes and the short period of time from proposal to implementation to reporting of initiative outcomes.

All states and territories are eligible to apply, using the application linked here, and all proposals are due back to NASMHPD by October 27, 2017.

Questions regarding the TTI application or a proposal, should be directed to David Miller, NASMHPD Project Director, the staff lead on this project. Mr. Miller can be reached at 703-682-5194, or david.miller@nasmhpd.org.

National Quality Forum Panel Publishes Health Equity Roadmap

A new Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I’s for Health Equity from the National Quality Forum (NQF) Disparities Standing Committee recommends policies and practices providers can adopt to promote health equity and eliminate disparities.

The road map, released September 14, encourages stakeholders to:

- identify and focus on reducing health disparities;
- implement evidence-based interventions, such as connecting patients to community-based services or culturally tailored programs, and involve patients and families in developing these interventions;
- invest in developing performance measures that detect disparities and assess the promotion of health equity; and
- incentivize through payment models the reduction of health disparities and the achievement of health equity.

The report includes 10 recommendations for a systemic approach to encouraging health equity work, including:

- collecting social risk factor data;
- using and prioritizing stratified health equity outcome measures;
- investing in preventive and primary care for patients with social risk factors;
- redesigning payment models to support health equity and adjusting payments based on social risk factors;
- linking health equity measures to accreditation programs;
- ensuring organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs;
- funding care delivery and payment reform demonstration projects to reduce disparities, collaborating with researchers to ensure that demonstrations are rigorous and scientifically sound; and
- assessing the economic impact of disparities from multiple perspectives to determine what interventions are effective, and how these interventions could be replicated and implemented more broadly.

The 22-member Disparities Standing Committee is co-chaired by Marshall Chin, MD, MPH, FACP, of the University of Chicago and Ninez Ponce, MPP, PhD of the UCLA Center for Health Policy Research.

Congressional Work Days Left in 2017

House Work Days Left in 2017 – 32;
Senate Work Days Left in 2017 – 39

House Work Days to Permanently Fund FY 2018 by December 8 – 28
Senate Work Days to Permanently Fund FY 2018 by December 8 - 35
A new John Hopkins study has found that gun-related injuries contribute to $2.8 billion in emergency room (ED) and inpatient expenses annually. The study of 150,930 patients who were admitted to an ED for treatment of a firearm injury from 2006 to 2014 was conducted by Dr. Faiz Gani, a postdoctoral research fellow in Johns Hopkins University School of Medicine's Department of Surgery and his colleagues, Joseph V. Sakran and Joseph K. Canner, and published October 2 in Health Affairs. Dr. Gani found that 49.5 percent of the ED patients studied were wounded from assaults, 35.3 percent were due to unintentional injuries, and 5.3 percent were from suicide attempts. Firearm injuries were nine times more common in men than in women (45.8 ED visits per 100,000 versus 5.5 per 100,000), particularly among men between the ages of 20 to 24 years (152.8 per 100,000). Of the patients who presented alive to the ED, 37.2 percent were admitted to inpatient care, while 8.3 percent died during their ED visit or inpatient admission. Forty percent of patients injured from a suicide attempt had a mental illness, and the prevalence of mental illness was higher among those injured by hunting rifles (12.6 percent) or military grade rifles (12.5 percent). The proportion of all patients who arrived in the ED with a previously diagnosed mental health condition rose over the time period studied from 5.3 percent to 7.5 percent, an increase of 41.5 percent.

The study revealed that suicide attempts were two times higher among Medicare recipients (adults 65 and older) in comparison to those enrolled in other insurance plans. With regard to income, patients with a suicide attempt were more likely to be in the highest income bracket whereas assault-related injuries were found to be in the lowest income bracket. The mortality rate was 38.5 percent for those injured by a suicide attempt. The average annual financial burden for each ED patient was $5,254 and $95,887 for those admitted to inpatient care. Over half of the patients were uninsured or self-paying, further increasing the financial burden to either the patients or hospitals (ex. uncompensated care). The authors of the study analyzed patient information from the Healthcare Cost and Utilization Project Nationwide Emergency Department Sample—the largest all-payer emergency department (ED) database—to report on the epidemiological trends and calculate the financial burden of ED visits from firearm-related injuries. Approximately 89 percent of the patients in the study were men, with 49 percent between the ages of 18 to 29 years. Study limitations included not accounting for pre-hospital deaths or those who were not taken to the ED after a firearm-related injury.

The research team suggests that future studies are needed to guide policy-making decisions, such as implementing universal background screenings and limiting firearm purchase for people with a history of violence or criminal history to reduce the financial burden associated with firearm-related injuries.
Mass Shooting Response Resources
From the National Technical Assistance Network for Children’s Behavioral Health (TA Network)

**Tips for Talking with and Helping Children & Youth Cope after a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers**

**Incidents of Mass Violence**

**Disaster-Specific Resources**

**General Resources:**

**Effects of Traumatic Stress after Mass Violence, Terror, or Disaster**

**Resources for Parents and Guardians:**

**Supporting Children Who Have Faced Trauma**

**Talking to Children about the Shooting**

**Restoring a Sense of Safety in the Aftermath of a Mass Shooting: Tips for Parents & Professionals**

**Parent Guidelines for Helping Youth after a Recent Shooting**
Hurricane Response Resources from the Center for the Study of Traumatic Stress

The Center for the Study of Traumatic Stress has developed a comprehensive information page with resources on a variety of topics applicable to the challenges of dealing with the aftermath of the recent hurricane disasters. A number of relevant fact sheets have also been developed by the Center:

Disaster behavioral health information related to both Hurricanes Harvey and Irma:


Helping students: https://www.cstsonline.org/resources/resource-master-list/helping-students-after-a-disaster


Leadership in disasters: https://www.cstsonline.org/resources/resource-master-list/leadership-in-the-wake-of-disaster


Workplace/organizations: https://www.cstsonline.org/resources/resource-master-list/managing-a-workplace-or-organization-after-crisis

Schools: https://www.cstsonline.org/resources/resource-master-list/teachers-helping-students-listening-and-talking


National Suicide Prevention Lifeline Provides Disaster Distress Crisis Support

When disaster strikes, often people react with increased anxiety, worry and anger. With support from community and family, most of us bounce back. However, some may need extra assistance to cope with unfolding events and uncertainties.

The Disaster Distress Helpline (DDH) is the nation’s only hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 via telephone (1-800-985-5990) and SMS (text ‘TalkWithUs’ to 66746) to residents in the U.S. and its territories who are experiencing emotional distress or other mental health concerns related to natural or human-caused disasters.

Callers and texters are connected to trained and caring professionals from a network of crisis centers across the country. Helpline staff provide supportive counseling, including information on common stress reactions and healthy coping, as well as referrals to local disaster-related resources for follow-up care and support.

Visit http://disasterdistress.samhsa.gov for additional information and resources related to disaster behavioral health.

Disaster Distress Helpline: 1-800-985-5990

SMS: Text ‘TalkWithUs’ to 66746

Available 24 hours a day, 7 days a week, year-round
Toll-free

3rd-party interpretation services are available to connect crisis counselors and callers in 100+ languages
Direct crisis counseling in Spanish available 24/7 via “press 2” hotline option
TTY: 1-800-846-8517; individuals who are deaf, hard of hearing or who have a speech disability may also use the texting option or a preferred relay 3rd-party service provider to connect with the toll-free hotline

Available 24 hours a day, 7 days a week, year-round
Standard text messaging / data rates apply (according to each subscriber’s mobile provider plan)
Spanish-speakers in the U.S. can text ‘Hablanos’ to 66746
Palau, Marshall Islands, American Samoa, Guam, Northern Mariana Islands, Federated States of Micronesia text ‘TalkWithUs’ or ‘Hablanos’ to 1-206-430-1097
US V.I., Puerto Rico text ‘TalkWithUs’ or ‘Hablanos’ to 1-212-461-4635
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 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.
**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>NAADAC: 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>

---

**Full-Time Position Available**

**DIRECTOR OF NATIONAL HOTLINE MEMBER SERVICES**

(RECRUITMENT AND CAPACITY BUILDING)

MHA-NYC is at the cutting edge of harnessing new technologies to expand methods in which consumers can receive clinically sound behavioral health services. MHA administers three national networks of crisis services (including the National Suicide Prevention Lifeline, the national Disaster Distress Helpline, and the NFL Life Line) and supports the VA-operated Veterans Crisis Line. MHA also operates 14 crisis lines, including New York State’s HOPEline for addictions and the groundbreaking, multi-access, multi-lingual behavioral health and crisis contact center, NYC Well. The organization is a national and local leader in developing and implementing innovative new approaches to providing behavioral health services and interventions via telephone, web chat, and SMS text message.

We are seeking a full-time Director of National Hotline Member Services, a senior management position responsible for providing leadership for the 24/7 operations of the Lifeline. Primary responsibilities include oversight of all aspects of operations including network capacity, sustainability, infrastructure, quality improvement and contract management. The National Hotline Member Services Director is the primary liaison between Lifeline’s partners in capacity building and sustainability (such as the National Association of State Mental Health Program Directors and the National Council for Behavioral Health). The position directly supervises all staff in the National Hotline Member Services Division.

The entire ADHD community will convene in Atlanta at the 2017 Annual International Conference on ADHD. Connect and Recharge is the theme of the first-ever joint CHADD and ADDA Conference, to be held November 9 through 12 at the Atlanta Hilton.

The leading non-profit organizations serving the ADHD community, CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder) and ADDA (Attention Deficit Disorder Association), have teamed up to create three-and-a-half days of ADHD-focused science, education, events and activities. The ADHD community will bond and learn about this challenging and complex disorder.

Conference sessions cover many essential topics: getting organized, planning for post-secondary education, school collaboration and supports, IDEA and education law, and evidence-based interventions including medications and more. Special activities teach social skills, let attendees connect with experts, and each other. Informal sessions connect groups ranging from "Women with ADHD" to "LGBT, Poly Adults" to "Parents with ADHD".

For more information, see the International ADHD Conference Web Site or call toll-free at 1-800-233-4050.
October TA Network Events

Youth Leaders LC: Working with LGBTQI2S Youth

Thursday, October 26, 3:30 p.m. - 5 p.m. ET

"Direct Connect" is a virtual forum led by Youth M.O.V.E. National for youth and young adults to develop professional skill sets via virtual training opportunities, connect as a community to share and gather new resources, and unite with other youth advocates and professional peers from across the country. October's Direct Connect offering will be presented by Peter Gamache, PhD, and cover the topic of working with youth and young adults in the LGBTQI2S community.

The National Symposium on Juvenile Services will be held in Orlando, Fla. on Oct. 8 - 12. This event, hosted by the Office of Juvenile Justice and Delinquent Prevention (OJJDP), will provide participants the opportunity to network and share innovative program service approaches being implemented within the juvenile justice system throughout the country.

The University of Oklahoma OUTREACH National Resource Center for Youth Services (NRCYS) will offer Youth Thrive Training of Trainers, with support from the Center for the Study of Social Policy (CSSP). This free training will be held October 11 - 13 in St. Louis, Missouri. Participants will learn the protective and promotive factors framework and the research on which it is based. Training of Trainers participants become trainers who, in turn, will use this material to train direct service staff and other practitioners, supervisors, program operators and managers.

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.

Webinar Opportunity

Immigrant Students Experiencing Homelessness: Latest Developments & Resources

Tuesday, October 10, 1 p.m. - 2:15 p.m. Eastern Time

Sponsored by School House Connection

Federal rules on immigrant youth and families are changing rapidly, from Deferred Action for Childhood Arrivals (DACA), to the rights of sponsors caring for immigrant youth, to enforcement actions by Immigration and Customs Enforcement (ICE). This webinar will provide the latest information on rules, rights and responsibilities for undocumented students, sponsors and families. An immigration attorney will outline do’s and don’ts for schools serving immigrant students, and a McKinney-Vento liaison will share her practical strategies to help students and families.

Presenters:

- Jessica Jones, Policy Counsel, Lutheran Immigration and Refugee Service
- Roxana Parise, McKinney-Vento Liaison, Bellingham, WA
- Patricia Julianelle, Director of Program Advancement and Legal Affairs, SchoolHouse Connection

Register HERE
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.
Behavioral health is in flux because of the upheaval and uncertainties in the larger healthcare environment. The danger is that some of the recent gains in behavioral health may be undermined, if not lost. The challenge for the field is how to build on its successes as changes occur in funding and insurance, clinical and care models, workforce, and the emergence of new technologies. Come join us at our 58th Annual Conference to discuss these issues and more.


Conference site meets all ADA requirements; Contact Renaissance Arts Hotel for more information.

www.nationaldialoguesbh.org
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

Curley Bonds, M.D.
Medical Director,
Didi Hirsch Mental Health Services

Jackie Pettis, M.S.N, R.N.
Advisor and Trainer for Psychiatry to Practice Project

Wayne Centrone, N.M.D., M.P.H
Senior Health Advisor, Center for Social Innovation
Executive Director of Health Bridges International

Ken Minkoff, M.D.
Senior System Consultant, ZiaPartners, Inc.
Clinical Assistant Professor of Psychiatry, Harvard Medical School

Chris Gordon, M.D.
Medical Director and Senior Vice President for Clinical Services, Advocates, Inc.
Associate Professor of Psychiatry, Harvard Medical School

Kim Mueser, Ph.D.
Executive Director, Center for Psychiatric Rehabilitation, Boston University

Melody Riefer, M.S.W., Senior Program Manager, Advocates for Human Potential
NIMH-Sponsored Presentation

Thursday, October 19, 7 p.m. to 8:30 p.m.

Johns Hopkins University Montgomery County, Maryland Campus
9601 Medical Center Drive
Building 9605 (Building III) Room 121, Rockville, MD 20850

Topics will include:
- How to identify an anxious child
- How to change anxious thinking
- The science and biological roots of anxiety in children
- How computer technology is transforming the understanding of anxiety
- Current treatment options (medications & CBT: cognitive behavioral therapy).

Presenter: Erin D. Berman, Ph.D. Clinical Psychologist, NIMH

Free and open to the public. This event will not be recorded. Seating is limited.
Register: https://copingstrategies.eventbrite.com
Technical Assistance (TA) Opportunities for State Mental Health Authorities under the SAMHSA State TA Contract

The State TA Contract is a cross-Center behavioral health technical assistance project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this project, states can request support for experts to provide both off-site (e.g., telephonic and web-based) assistance, as well as in-person training and consultation to representatives from the State Mental Health Authorities (SMHAs) and other designated stakeholders in order to foster and enhance recovery and resiliency-oriented systems, services, and supports.

Topics: SMHAs can request TA on a wide range of issues including, for example:

- Improving Services & Service Delivery Systems: e.g., 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 (e.g., assertive community treatment, supported employment, cognitive behavioral therapy, coordinated specialty care, etc.); increasing early identification & referral to care for young people; promoting trauma-informed, recovery-oriented care; etc.

- Systems Planning/Operations: e.g., strategic planning; merging mental health and substance abuse agencies; leadership development; staff development; cross sector collaboration; integration of behavioral health and primary care, etc.

- Expanding the Peer Workforce: training and certification of peer specialists; peer whole health training; supervision of peer specialists; utilizing peer specialists to work with persons who are deaf and hard of hearing, etc.

- Financing/Business Practices: e.g., maximizing Medicaid coverage; addressing behavioral health under a managed care model; drafting performance-based contract language with providers; rate-setting practices; compliance with Mental Health Block Grant (MHBG) requirements for fiscal monitoring, etc.

Parameters: TA under this project cannot be specifically focused on institutional/hospital-based settings. On average, a given TA project includes up to 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

To Request TA: Submit your request into the on-line SAMHSA TA Tracker, a password-protected system. All of the MH Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via this support.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to tatracker@treatment.org.

If you have other questions, please contact your CMHS State Project Officer for the Mental Health Block Grant, or Jenifer Urff, NASMHPD Project Director for Training and Technical Assistance, at jenifer.urff@nasmhpd.org or via phone at (703) 682-7558.

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.

October Trainings

Maryland
October 9 - Walden Sierra, Charlotte Hall

Michigan
October 17 - Coalition On Temporary Shelter, Detroit

New Jersey
October 30 to November 1 - Ancora Psychiatric Hospital, Ancora

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
NASMHPD Board of Directors

Lynda Zeller (MI), NASMHPD President
Valerie Mielke, M.S.W. (NJ), Secretary
Tracy Plouck (OH), Past President
Thomas Bettlach (AZ), Western Regional Representative
John Bryant (FL), Southern Regional Representative
Vacant, At-Large Member

Wayne Lindstrom, Ph.D. (NM), Vice President
Terri White, M.S.W. (OK), Treasurer
Sheri Dawson (NE), Mid-Western Regional Representative
Barbara Bazron, Ph.D. (MD), Northeastern Regional Representative
Doug Thomas, M.S.W., L.C.S.W (UT), At-Large Member

NASMHPD Staff

Brian M. Hepburn, M.D., Executive Director
Jay Meek, C.P.A., M.B.A., Chief Financial Officer
Meighan Haupt, M.S., Chief of Staff
Kathy Parker, M.A., Director, Human Resources & Administration (PT)
Raul Almazar, RN, M.A., Senior Public Health Advisor (PT)
Shina Animasahun, Network Manager
Genna Bloomer, Communications and Program Specialist (PT)
Cheryl Gibson, Senior Accounting Specialist
Joan Gillece, Ph.D., Director, Center for Innovation in Trauma-Informed Approaches
Leah Harris, Peer Integration Strategist
Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
Stuart Yael Gordon, J.D., Director of Policy & Communications
Christy Malik, M.S.W., Senior Policy Associate
Kelle Masten, Senior Program Associate
Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches
David Miller, MPAff, Project Director
Yaryna Onufrey, Program Specialist
Brian R. Sims, M.D., Sr. Medical Director/Behavioral Health
Greg Schmidt, Contract Manager
David Shern, Ph.D., Senior Public Health Advisor (PT)
Timothy Tunner, M.S.W., Ph.D., Senior Training and Technical Assistance Advisor
Jenifer E. Urff, J.D., Project Director, Training & Technical Assistance
Aaron J. Walker, M.P.A., Senior Policy Associate

NASMHPD Links of Interest

OVERVIEW OF THE JULY 2017 NATIONAL INSTITUTE OF MENTAL HEALTH OUTREACH PARTNERSHIP PROGRAM MEETING AT THE NATIONAL INSTITUTE OF MENTAL HEALTH

Sesame Street and Robert Wood Johnson Launch Tools to Help Kids Deal with Trauma, October 6
Hawaii Request for Medicaid Waiver to Cover Supportive Housing Services, August 29
As a Scientist, He Studied Trauma Victims. Then He Became One, STAT, September 21
How We Can Overcome the Stigma of Addiction, Media Planet, September 29
Keeping Youth Drug-Free, SAMHSA, September 2017
Why Better Mental Health Care Won’t Stop Mass Shootings, The Atlantic, October 4


ARCHIVED SEPTEMBER 12 ZERO SUICIDE WEBINAR: SAFE CARE TRANSITIONS IN A ZERO SUICIDE FRAMEWORK, EDC & Suicide Prevention Resource Center

Six Diagnostic Features of Hoarding Disorder, Psychiatric Times, October 3
Electroconvulsive Therapy for Catatonia and Melancholia: No Need for Ambivalence, Charles H. Kellner, MD & Max Fink, MD, Psychiatric Times, September 28

THREE NOVEL TECHNOLOGIES FOR GERIATRIC PSYCHIATRY, Mark L. Fuerst, Psychiatric Times, October 3

GUN VIOLENCE FOLLOWING INPATIENT PSYCHIATRIC TREATMENT: OFFENSE CHARACTERISTICS, SOURCES OF GUNS, AND NUMBER OF VICTIMS, Kivisto A.J., PhD, Psychiatric Services, October 1

MENTAL HEALTH CRISIS MANAGEMENT FOR YOUTHS WITH AUTISM SPECTRUM DISORDER REQUIRES A PARADIGM SHIFT, D’Alli R.E., MD, MeD & Valcante G., PhD, Psychiatric Services, October 1

SIX-MONTH FOLLOW-UP OF RECOVERY-ORIENTED COGNITIVE THERAPY FOR LOW-FUNCTIONING INDIVIDUALS WITH SCHIZOPHRENIA, Grant P.M. PhD, Bredemeier K., PhD & Beck, A.T., MD, Psychiatric Services, October 1

Harvey, Irma, and Maria: Natural Disasters and Human Trafficking, Stephanie Hepburn, Huffington Post, October 4

How to Win a War on Drugs, Nicholas Kristof, New York Times, September 22